Understanding Gloucestershire 2012

A high level analysis of need in Gloucestershire

Executive Summary

Introduction

This is a high level overview of need in Gloucestershire. It aims to provide a common understanding of the county and its communities, for use by decision makers and commissioners of services, and is structured around the themes of the County Council's outcome framework. It looks at the needs of communities and how we expect them to change in the future. The broad issues are discussed and these will be supported with more detailed analysis in the coming months.

Key demographic issues for Gloucestershire

The demographic demands facing Gloucestershire are significant and changing, affecting all areas of need.

The biggest challenge for future service provision is the acceleration in the growth of the older population. The overall population is anticipated to rise at an annual average rate of 0.5% over the next 25 years, but the number of older people (65+) will be increasing at a much quicker pace, of between 2.3% and 2.6%. In particular, the number of people aged 75 and over, the ages at which adult care and other service support is most likely to be required, is projected to increase each year by an average of 1,500 between 2010 and 2020, and by 2,300 between 2020 and 2035.

At the same time, the future numbers of children, young people and working-age people are subject to some uncertainty, as the pending agreement and delivery of District Councils' Core Strategies could affect the growth trajectory through their impact on inward migration. The uncertainty will affect how the council plans its service provision for these population groups.

The ethnic structure of the population will also change, as the natural growth from within the current minority ethnic population is expected to increase. This will result in increasing proportions of children of early years and school age from minority ethnic groups, and over time an increasing representation of minority ethnic population in the local labour force.

Geographically, the current spatial models of service delivery may need to adapt to increasingly dispersed residential developments. While population growth in the last 10 years has been highly concentrated in urban areas, major housing developments allocated over the next 5 years suggest that population increase, and therefore demand for services, will be more spread out to towns, villages and the rural parts of the county.

There will also be conflicting geographical demands on council services from the spreading of the older population and from younger communities arising from new

housing across the county. The number of council wards containing at least 1,000 older people could increase from the current 41 to 60 by 2015, with implications for locality strategies and any future service change. At the same time, communities emerging from new housing developments are likely to require different types of infrastructure support as they tend to have an above average household size and a higher representation of children.

We will increasingly see more older people living alone. Some of these will be without local family support, increasing the need for care services. By 2015, 25 council wards are forecast to contain at least 500 single-pensioner households. 11 of these wards include neighbourhoods where older people have high levels of income deprivation and where the need for care services is likely to be highest.

There will also be more children living in non traditional married couple families, as the number of families headed by a cohabiting couple or lone parent has increased since 2001. In particular, we may need to address the issue of access to opportunities and services by the increasing number of children and parents from single-parent households, as their income level is only around a third of that of couple families.

Gloucestershire and its communities are attractive places to live, work and invest

Gloucestershire presents a high quality diverse natural and historic environment offering a rural and urban mix that attracts people to the area to both live and work, and for the purposes of leisure and tourism.

A number of issues may influence the high standard of living currently experienced in the county. These include the challenge of an ageing population. This is exacerbated not only by the attraction of a pleasant environment which has encouraged a mature working population that may subsequently retire here but also in the need to recognise the potential for retaining more school leavers in Higher Education or as part of the highly skilled workforce within the County. These factors may ultimately affect the structure of the future workforce.

The ageing population will also influence the Care sector in terms of its ability to meet the needs of an increasing number of elderly residents. Health care issues related to the effects of obesity and alcohol are also beginning to emerge.

Higher numbers of young qualified people could be attracted to or retained within the county if there was more suitable housing and transport available at a price they

could afford. This is accentuated in the rural areas where the number of people of child-bearing age is declining.

To remain competitive the diverse nature of Gloucestershire's industrial activity will need to be maintained, through support for the high-tech manufacturing and knowledge intensive service activities. There are growth sectors in the Creative industries and Environmental technologies which should be developed. The Environmental technologies have impacts on the renewable, waste management and low carbon sectors of the economy which should also be encouraged.

Co-operation between local authorities and developers is vital, to achieve a balance between future housing and employment land requirements with their associated infrastructure developments, and the protection of greenfield and heritage sites within Gloucestershire.

People and communities are active and resilient

An active and resilient community is one where people are empowered to lead self determined, fulfilled lives, and in which everyone, regardless of age, race or social background, has a sense of belonging and a stake in society. A resilient community will be able to detect, prevent and respond to all kinds of emergency.

Community involvement and participation is an area of increasing importance for the Council but where hard data is not widely available. The nature of community involvement, happening in many small projects at a local level means that it is difficult to get the high level picture needed for traditional 'top down' planning. Identifying and quantifying existing and future capacity will need more flexible approaches.

There is an association between people participating in civic engagement activities, volunteering and deprivation. Stroud and Cotswold districts rank high nationally for three variables regarding volunteering, belonging and participation with Cheltenham and Gloucester having the lowest ranks within Gloucestershire. If needed in future, this type of data will have to be collected through local consultations.

Parish plans and local policing team priorities are existing sources of detailed information on community strengths, vulnerabilities and concerns.

Local data like this on the vulnerabilities of geographical communities, coming from a range of sources, could be brought together to provide an assessment of resilience and create a Gloucestershire "stronger communities" score.

The potential capacity of communities and the areas of future involvement need to be identified, fostered and supported. At the same time we need to identify where support for community involvement can provide the most value.

Crime has increased by less than 1% from the previous year and there has been an increase in numbers of young offenders and offences committed by young people over the same time period. Adult offending and reoffending rates have decreased when compared against the previous year's figures. Perceptions of crime in the Forest of Dean and Tewkesbury are much higher than the real crime rate when comparing against other communities in Gloucestershire.

People can access education, training, work and essential services

Gloucestershire is a good place to work with generally low unemployment and a workforce with higher than average skills. To maintain our prosperity and resilience it is important that adults have the right skills to take advantage of employment opportunities.

A majority of people can access education, training and work with few problems, but some groups of people face barriers. These include young people (aged 18-25), people with caring or childcare responsibilities, disabled people and older workers.

As well as the 10,500 people in Gloucestershire claiming Job Seekers Allowance a further 23,200 would like to work if they had the opportunity or if personal circumstances allowed it.

Across all age groups long term unemployment is increasing and now accounts for 42% of all unemployment. Unemployment among people aged18 -25 is rising sharply. The number of young people out of work for six months or more has risen from 255 to 1,090 in the last year.

Once in work people don't always have the skills and experience that their employers require and 13% of staff are reported by employers not to be fully proficient.

Access to essential services including health, education and retail outlets is generally good within larger towns and the network of small and medium towns. It is more challenging in rural areas or where private transport is not available. In some rural areas people also face barriers in access to technology with variable mobile phone and broadband coverage.

Good access is achieved by a combination of services being located within easy reach, availability of transport or by access provided in new ways, for example using

telephone, online or mobile services. Services are increasingly provided on-line and a new digital divide is emerging where the people with poor access are those not on-line. 55% of people with no qualifications have never used the internet and on-line access in lone pensioner households is low.

People live healthy lives as free as possible from disability or limiting long term illness

Generally speaking, Gloucestershire is a healthy place to live relative to England as a whole and we are improving on most measures. However, there are significant health gaps that frequently reflect wider social inequalities between different parts of the county.

Life expectancy in Gloucestershire varies from 84.4 for women in Cotswold District to 78.0 for men in Gloucester City which is the only district below the England average. There is a similar variation in healthy and disability-free life expectancy.

There is no obvious pattern in the district trends of low birth weight, but the rates for the county appear to be decreasing between 2006/7 and 2009/10. In Gloucestershire, there is a clear relationship between deprivation and smoking during pregnancy, with women living in areas of greater deprivation more likely to smoke. The rate of under-18 conceptions has a steady downward trend.

For rates of breastfeeding initiation, the difference between the highest (Cotswold) and lowest district (Gloucester) is large and increasing. Across the county, rates of breastfeeding decrease as deprivation increases. In childhood immunisation, Gloucestershire is performing well in comparison to regional and national figures. There have been increases in uptake proportions, although we are still below the World Health Organisation target of 95%, for some immunisations.

The percentage of overweight or obese children compares favourably with national rates apart from pupils in reception classes. Adults tend to be more obese than the national average. Gloucestershire has made good progress in increasing levels of exercise and participation in sport since 2007/8.

As more vulnerable people live in independent settings, we must develop the ability to map the location and quality of the community assets that will help them thrive. In particular, the number of people aged 85+ living alone is expected to rise by about 25% in the next 10 years.

Gloucestershire has a high estimated level of problem drug users compared with comparator authorities.

Young people are able to live successful lives and contribute to the economy

Educational outcomes in Gloucestershire are good overall, but children and young people who fall behind early in their education are likely to fall further behind as they get older. Early identification and effective support for those in danger of becoming vulnerable, and their families, is important in combating this. Furthermore, with high youth unemployment and significant structural changes in the nature of work, it is even more important for young people to acquire a range of personal skills. These should give them the confidence, flexibility and resilience to respond to changes in their working and personal lives.

The most vulnerable children in education are pupils who are from deprived socio-economic backgrounds, have Special Educational Needs, are Looked After, or are from some minority ethnic groups. The life and interpersonal skills that young people will need can be acquired in a variety of ways. A range of opportunities for them to do so needs to be fostered and participation encouraged.

The quality of education providers in Gloucestershire is generally good, but we have a higher proportion of early years providers graded as only "satisfactory" than in other parts of the country. More providers need to move up to the "good" or "outstanding" categories. The proportion of "inadequate" secondary and special schools, should be reduced.

When young people leave our schools with no or low level qualifications, they are less likely to improve their qualifications by the age of 19 than those in other parts of the country. This proportion should be increased. The raising of the education and training participation age from 16 to 18 by 2015, presents challenges and opportunities. High quality, relevant education and training opportunities will be needed for those who would have left education at age16.

To get a mix of education and training that matches young people's aspirations and meets the needs of the Gloucestershire economy, there is a need to maintain a dialogue between employers, education and skills providers, local government and other partners.

People with a disability or long-term illness live as independently as possible

Independent living is about supporting people with a long term illness or a disability to live their lives as full citizens who have choice and control over the way in which their care is delivered. As the number of older people increases the number of people with a disability or a long term illness will increase.

The total number of people with poor health is on the rise, and this rise may accelerate even further with better methods of diagnosing illnesses. Improved and earlier identification will have an impact on overall numbers of people known to have a disability or limiting long term illness, especially conditions such as dementia.

Due to longer life expectancy of women, they made up 55% of the population who report poor health.

There are also clear differences between social classes in Gloucestershire. People in lower socio-economic groups were not only at a higher risk of being in poor health or having a limiting long-term illness, but were also more likely to suffer from it at a younger age.

Dementia is a common condition. The older you are the more likely you are to suffer from it. Data for Gloucestershire has seen a steady rise over the last few years, which can partly be explained by better diagnostic techniques. The number of people with learning disabilities is expected to continue to rise, especially among ethnic minorities.

Pensioners who live alone (of which there are estimated to be 20,000 in Gloucestershire) are more likely to not have access to their own transport, leaving them isolated in their own homes.

A combination of national and local government policy and individual preferences is leading to vulnerable people living more independent lives in the community away from residential care or highly concentrated services. Helping people to help themselves, by supporting carers, or giving support for people with a disability or long term illness will give them greater choice and control over their lives. Such support is increasingly outside the scope of what the council can deliver directly. Benefit payments for carer's allowance has increased by about 55% since 2003.

Employment Support Allowance which has replaced Incapacity Benefit and Income Support paid on the grounds of incapacity for new claims from October 2008 has gradually been increasing in all Gloucestershire districts since it was introduced. Although there was small rise over 3 years, there has been a sharp decline in the percentage of people with a Learning Disability in employment.

In terms of provision of services in the county, although more are delivered to the deprived areas, they are also delivered to large numbers of people in the more affluent areas and those numbers have grown.

Vulnerable children, young people and adults are safe from harm

Major factors affecting this area of work include an increasing demand and number of referrals coming in to children's social care. An increase in the number of older people in the population also means an increase in demand for services for this group. Population trends show that 'at risk' groups are set to grow, and with them, the demand for safeguarding services.

Social care is changing, with people receiving care being given more direct control over the money that is spent. This will change the demand for services over time, away from more traditional institutions to community based activity.

Early intervention can help to prevent problems escalating. The Common Assessment Framework (CAF) assessment is a key tool in the identification of the risk factors that can lead to a child or young person becoming vulnerable, so that action can happen early. Nearly half of CAF assessments are undertaken in areas of greatest deprivation and very few in areas of least deprivation.

Of the seven localities, the Forest of Dean has seen a three-fold increase in children being re-referred to social care since the last reporting year, and Gloucester North has the highest rate of re-referrals. The causes of both need further investigation. The Forest locality has the highest rate of children who are the subject of a Child Protection Plan (CPP). Five of the seven localities saw a reduction in the CPP rate with Stroud and Tewkesbury showing a slight increase. The most common category of registration is: Emotional abuse, followed by Neglect, Physical abuse, and Sexual abuse in order of use. The percentage of CPPs lasting for two years or more increased in 2010/11, although the numbers of children involved remain small.

The number of children becoming the subject of a CPP more than once remains high, with no change from last year. Stroud locality has the highest rate.

Gloucester South has the highest rate of Children Looked After. The percentage of looked-after children with three or more placements during the year 2010/11 remains high compared to the statistical neighbour and national averages.

Allowing for data quality concerns, the first Abuse of Vulnerable Adults return in 2010/11 showed Gloucestershire to be an outlier in a number of areas, when compared with similar authorities. Preliminary analysis of the 2011/12 return shows Gloucestershire's performance to be more comparable to our nearest neighbour

authorities. This will be tested against other authorities' 2011/12 returns later this year.

There are significant gaps in our knowledge about vulnerable people placed in the county by other authorities which research currently underway will begin to address.

Understanding Gloucestershire 2012

A high level analysis of need in Gloucestershire

Main Report

Strategic Needs Analysis Team

Strategy & Challenge

Version 1.0, last updated 06/July/2012

Contents

Section 1 - Key Demographic Issues for GCC Outcomes

About this section

This section sets out the key demographic issues facing Gloucestershire now and in the future. The issues are cross-cutting, affecting outcomes across all areas of need.

Key demographic issues in Gloucestershire

1. A Growing Population

1.1. The population of Gloucestershire is currently growing at an annual rate of 0.57% or an average of 3,200 people a year, driven mainly by internal migrants typically aged 30-44 moving to the county with their young families. Natural growth, however, has accounted for an increasing proportion of the overall increase since 2007 when the number of births surged. The Office for National Statistics (ONS) latest estimates put the population of Gloucestershire at around 593,500 as of 2010.

1.2. New ONS projections for the next 25 years suggest that the population of Gloucestershire will continue to increase but at a slightly slower pace, of 0.51% or 3,000 people per annum on average. This is below the annual growth rate of 0.76% predicted for England. The population is anticipated to reach 610,000 by 2015, 625,000 by 2020 and 670,000 by 2035, assuming that current trends continue.

1.3. The dominating feature of the growth is a sharp increase in the number of older people (aged 65+). At the same time, projections for children and young people (aged 0-19) indicate very little growth. For the working-age population (aged 20-64), the future trend will be a gradual decline over the same period.

1.4. It should be noted that the projections are trend-based. Any long-term planning and housing strategies to be adopted in the emerging Core Strategies could affect the growth trajectory particularly through their impact on migration of working- age groups, and linked to it, births and child population. In the broadest terms, any housing target above or below trends of 2006-2010 could contribute to the numbers of children and working-age people being either higher or lower than are currently projected for the county. The uncertainty will affect how the council plans its service provision for these population groups.

Gloucestershire Population Projections by Key Age Group

A line chart titled "Gloucestershire Population Projections by Key Age Group" with the y-axis labelled "No. people" ranging from 0 to 400,000 and the x-axis showing years from 2010 to 2035. Three lines are shown: "Aged 20-64" (remaining around 340,000), "Aged 65+" (rising from about 110,000 to nearly 190,000), and "Aged 0-19" (remaining around 140,000).
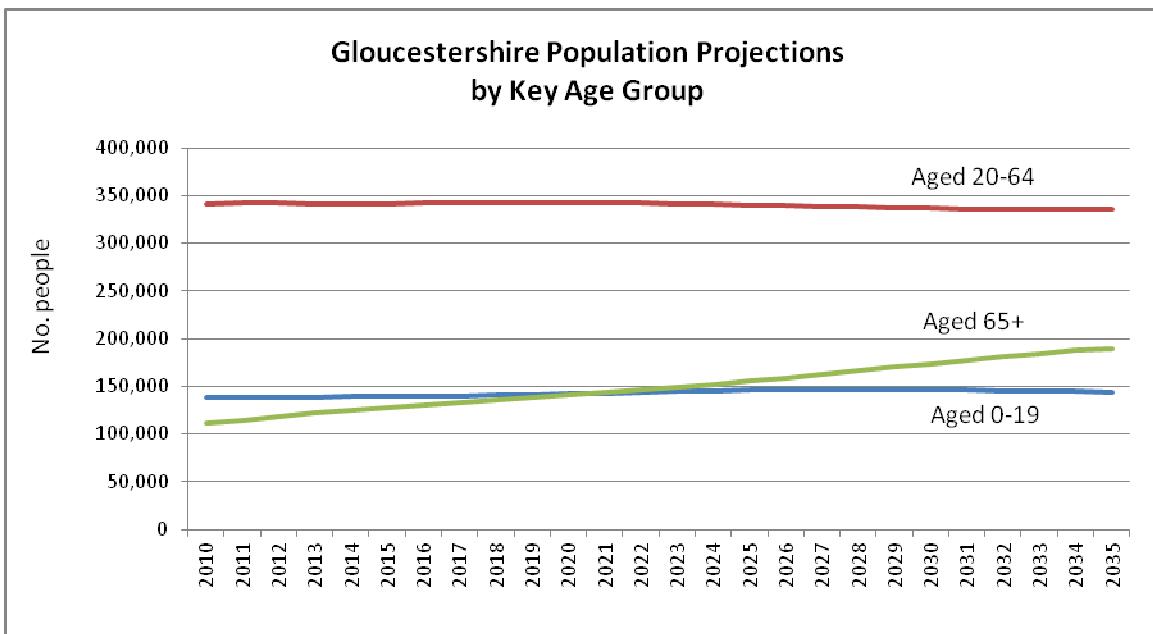
Age Group	2010	2020	2035	Annual Change (No.)		Annual Change (%)	
				2010-2020	2020-2035	2010-2020	2020-2035
0-19	139,100	141,700	144,200	300	200	0.20%	0.10%
20-64	342,900	342,400	335,500	-100	-500	0.00%	-0.10%
65+	111,500	140,900	189,900	2,900	3,300	2.60%	2.30%
Total	593,500	625,000	669,600	3,200	3,000	0.50%	0.50%

All figures are rounded

2. An Ageing Demographic

2.1.   The number of older people aged 65+ in the county has been growing by an average of 1,500 people per year over the last 10 years or so. Projections suggest that this will double to an annual increase of around 3,000 people on average in the short and medium term, increasing to 3,300 people in the longer term, as rising life expectancy and demographic impacts of two generations of baby boomers take hold.

2.2.   Significantly, the projected percentage increase of the older population is greater in Gloucestershire than in England over the period 2010-2035 (up 70% compared to 65%). The County's ageing demographic is further underlined by the projected decline of its working-age population and the very modest growth of its child population (see paragraph 1.3), which contrasts with England where both age groups are forecast to continue to increase over the same period.

Projected population change 2010-2035 Gloucestershire
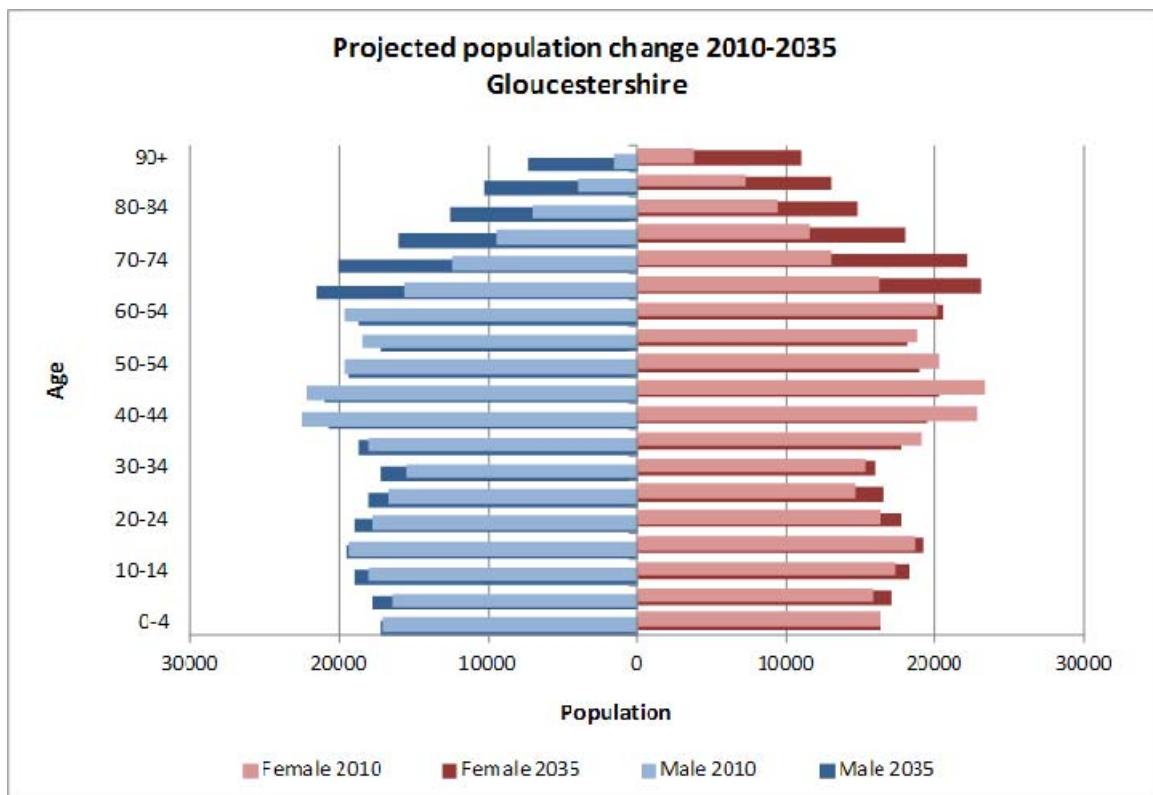
2.3. In particular, the number of people aged 75 and over, the ages at which GCC adult care and other service support are most likely to be required, is projected to increase by an annual average of 1,500 between 2010 and 2020, and by 2,300 between 2020 and 2035. The table below shows that the number of 85+ will see the fastest rate of growth, most noticeably in the longer term.

Age Group	2010	2020	2035	Annual Change (No.)		Annual Change (%)	
				2010-2020	2020-2035	2010-2020	2020-2035
All 65+	111,500	140,900	189,900	2,900	3,300	2.60%	2.30%
All 75+	54,100	68,900	103,100	1,500	2,300	2.80%	3.30%
All 85+	16,600	21,900	41,600	500	1,300	3.00%	5.90%

All figures are rounded

2.4. The geographical distribution of older people is also expected to spread, with implications for locality strategy, community safety, community engagement and any future service change. In 2010, 41 wards in the county contained at least 1,000 older people aged 65+. By 2015, the number of such wards could grow to 60 (i.e. 4 in 10 wards), spreading across urban and rural areas of the county. An estimated 40% to 65% of the older population in these wards will be aged 75+.

3

2.5. The rising trend of older people aged 65+ living alone could also place extra pressure on care and infrastructure provision. Currently an estimated 38,000 older people are living on their own in the county. The number is projected to rise by about 1,000 a year between 2010 and 2020, and then by 1,300 in the longer term. Between two-thirds and three quarters of single pensioners will be aged 75+, and among these 70-80% are women.

2.6 Social isolation amongst older people could exacerbate the need for council-provided care but currently there is no local research capturing the extent of isolation among older people in the county. In fact it is one of the issues which Age UK in Gloucestershire are exploring in order to develop a better understanding. A guide for local authorities published by the Local Government Association cited several recent studies suggesting that nationally, around 6 to13% of older people often or always feel lonely. The groups that were most likely to be socially isolated were those aged over 80, on a low income, in poor health, living alone, and living in isolated rural area or in deprived urban communities.

2.7 In-house calculations were made to try to estimate the extent and locality of vulnerable single-pensioner households within the county with a view to identifying areas where the need for acute care is likely to be the highest. These estimates suggest that in 2010, 13 council wards contained at least 500 single pensioner households, of which 6 included neighbourhoods amongst the 20% most income deprived for older people in the county. By 2015, the number of wards with at least 500 single-pensioner households is projected to increase to 25, of which 11 include neighbourhoods amongst the 20% most income deprived affecting older people in Gloucestershire. A list of these wards is shown in the following table.

Vulnerable Single-Pensioner Households					
2010 (estimated)			2015 (projected)		
Council Ward	District	No. single-pensioner households	Council Ward	District	No. single-pensioner households
Longlevens	Gloucester	774	Longlevens	Gloucester	851
Hucclecote	Gloucester	715	Hucclecote	Gloucester	789
Campden-Vale	Cotswold	680	Campden-Vale	Cotswold	771
Park	Cheltenham	617	Winchcombe	Tewkesbury	689
Winchcombe	Tewkesbury	596	Park	Cheltenham	676
Matson and Robinswood**	Gloucester	587	Matson and Robinswood**	Gloucester	645
Prestbury	Cheltenham	562	Prestbury	Cheltenham	614
Kingsholm and Wotton**	Gloucester	550	Kingsholm and Wotton**	Gloucester	607
Stonehouse**	Stroud	525	Stonehouse**	Stroud	600
Minchinhampton**	Stroud	522	Minchinhampton**	Stroud	596
Charlton Park	Cheltenham	515	Brockworth**	Tewkesbury	575
Tuffley**	Gloucester	511	Tewkesbury Town with Mitton	Tewkesbury	573
Barnwood**	Gloucester	501	Wotton-under-Edge	Stroud	572
			Tuffley**	Gloucester	564
			Charlton Park	Cheltenham	564
			Randwick, Whiteshill and Ruscombe	Stroud	558
			Barnwood**	Gloucester	553
			Nailsworth	Stroud	547
			Tetbury**	Cotswold	542
			Warden Hill	Cheltenham	534
			Cainscross**	Stroud	521
			Charlton Kings**	Cheltenham	520
			Lansdown**	Cheltenham	512
			Grange	Gloucester	506
			Dursley	Stroud	503

** council wards containing neighbourhoods amongst the County's 20% most income deprived affecting older people

3. Potential Growth Areas

3.1. Population growth in the county since 2001 has been highly concentrated in the urban districts of Gloucester and Cheltenham. Among areas that have experienced the greatest growth (of at least 500 people), 6 were in Gloucester (Quedgeley Fieldcourt, Westgate, Barnwood, Barton & Tredworth, Kingsholm & Wotton, and Quedgeley Severn Vale) and 4 in

Cheltenham (St Paul's, Hesters Way, St Peter's and Park). The only areas outside Gloucester and Cheltenham were Ashchurch with Walton Cardiff, Cleeve Hill and Brockworth in Tewkesbury, and Dursley in Stroud, the majority of which were relatively urban.

3.2.   The map below shows the pattern of population change in council wards between 2001 and 2010, against areas where major housing developments (of at least 100 dwellings) have been allocated over the next 5 years at the time of writing.

3.3.   It shows that if these developments were delivered, urban areas will continue to be key hubs of growth. However, population increase, and therefore demand for services, will also be more dispersed to towns, villages and the more rural parts of the county, e.g. Lydney East, Shurdington, Winchcombe, Stoke Orchard, Alderton and Upper Rissington.

3.4.   Some of the developments could also potentially re-populate areas that are currently experiencing a declining or static demographic, e.g. Badgeworth, Rodborough and Prestbury, which could lead to a renewed demand for public services.

Potential Growth Areas next 5 years in comparison with Past Growth Areas
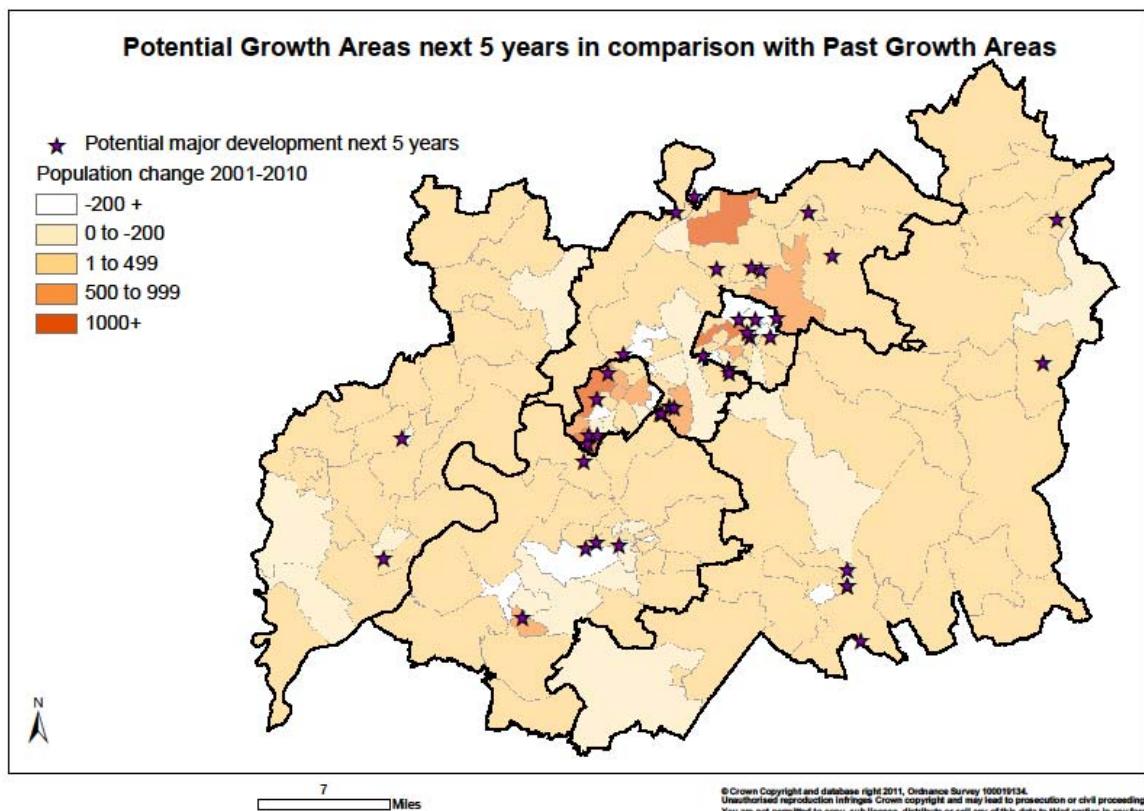
4. Impact of New Communities

4.1.   To gauge the impact on GCC services of new communities likely to be generated from future developments, an investigation was carried out to examine a sample of residential developments for the purpose of this Needs Analysis. The aim was to understand potential population implications of new developments for infrastructure and other service requirements over time.

4.2.   Findings suggest that within one to six years of completion, a community of 257 residents was generated per 100 houses and 105 residents per 100 apartments on average. Within five to ten years, the communities grew to 283 people per 100 houses and 154 people per 100 apartments.
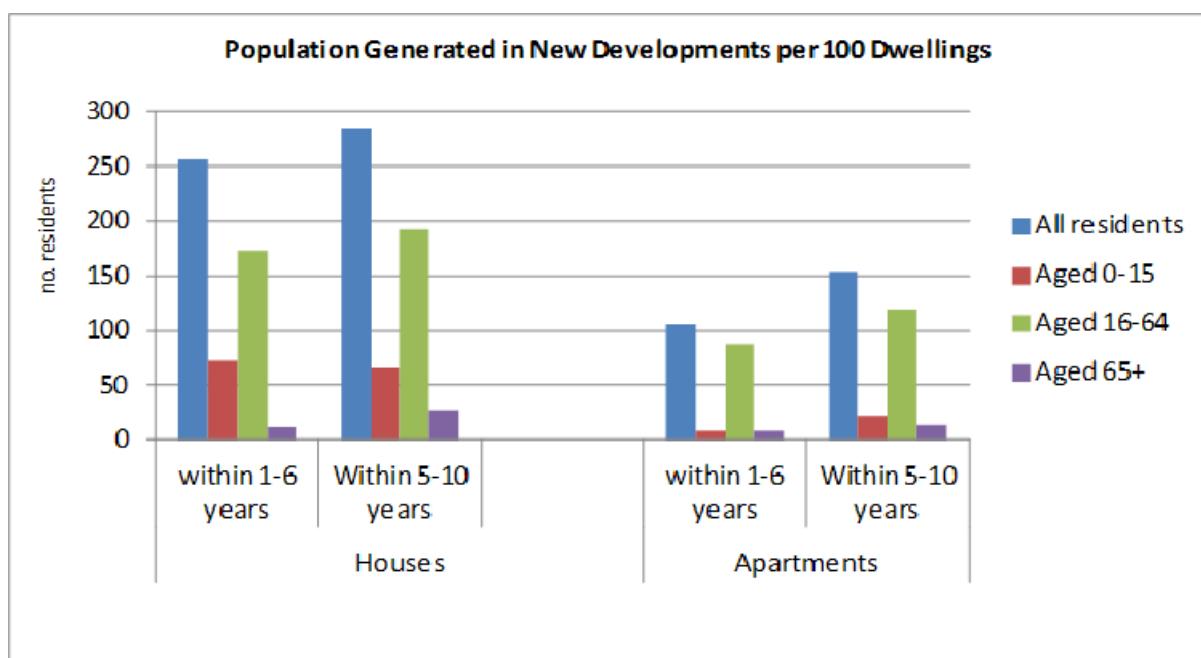
4.3.   The investigation also revealed disparities in the age structure between houses and apartments, and between residents in new developments and the general population in the county.

4.4.   The number of child residents in new houses was disproportionately higher than both of those in apartments and in the general population, during the early years of completion as well as over a 10-year period. Despite this, the average number of children per house did reduce over time, contrary to what was found with apartments. This could be partly because residents in new houses were more likely to move in as a family with older children while residents in new apartments tended to start a family after a few years.

4.5.   The proportions of older people represented in new developments, both in houses and apartments, were significantly lower than in the general population. Nevertheless, the proportion of older people in houses increased over time reflecting the natural ageing of adults in the households. The higher proportion of older people in apartments than in houses on completion could be partly due to the possibility that some apartments were accommodation for older people.

Age Structure of New Development Population v General Population
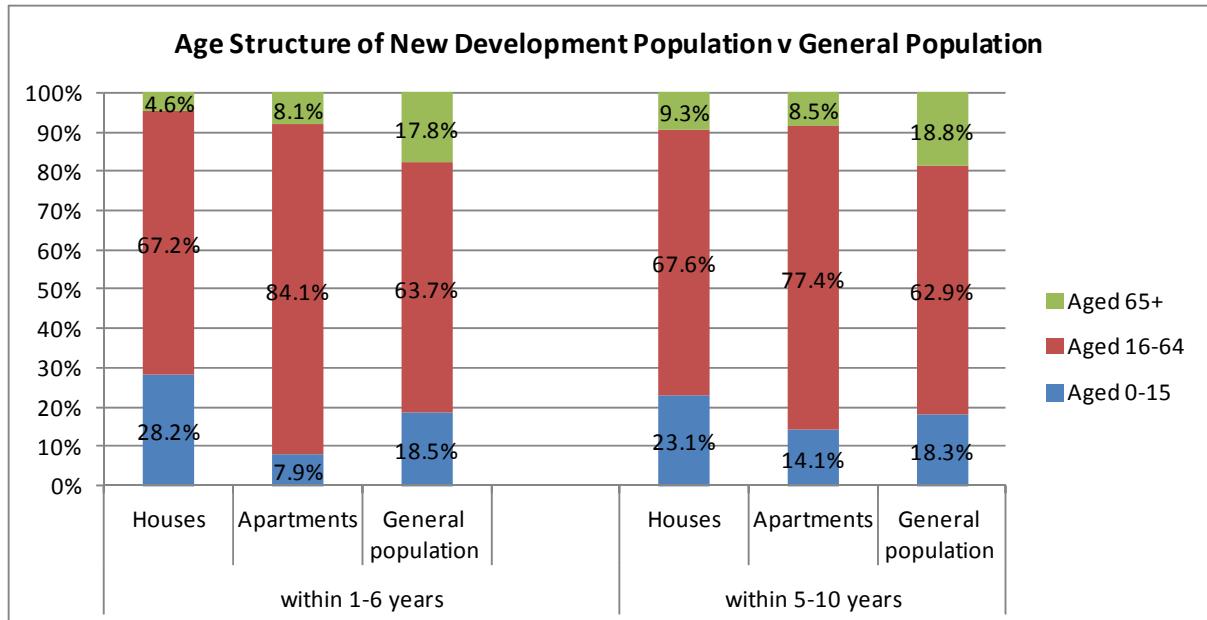
4.6.   In summary, the investigation highlights how new communities may evolve over time in size and age structure, and the importance for GCC to anticipate, plan and respond to their changing infrastructure requirements as developments mature. The overall results indicate that new houses had a larger household size than average to begin with, containing high representation of children but within 10 years, showed a general transition to mature families with a reduction in school-age children. For apartments, while household size was well below average on completion, there was a rapid increase in household size within 10 years with an increased number of children.

4.7.   More detailed socio-economic characteristics of new communities might be available from the forthcoming Census 2011 results. A trend that might emerge in the future, though, is that of new communities with more diverse social requirements, as the proposed Core Strategies seem to encourage mixed development of market and affordable housing in the future.

5. Social Changes and Families

5.1.   The number of households in Gloucestershire has been increasing at around 0.9% per annum since 2001, and is projected to rise from the current 256,000 to 319,000 by 2033.

5.2.   The major changes that are taking place within households which may have an impact on children's and adult services include the rising number of residents who live on their own and the changes in the structure of families with dependent children.

5.3.   The trend of older people living alone is covered in paragraph 2.5-2.7. The increase in the number of one-person households in the age group 18-64, and in particular among those aged 35-44, is linked to the trends in the delay of marriage, the increase in divorce and the increase in cohabitation which is known to be associated with a less stable relationship.

5.4.   Relating to this social trend is the effect on the structure of families with dependent children, namely the increase in lone parents and cohabiting couple families and a decline in married couple families.

5.5.   In 2001, there were around 63,000 families with dependent children in Gloucestershire, with 69% headed by a married couple, 12% by a cohabiting couple, and 19% by a lone parent. An update will be available when the Census 2011 results are released. Available national figures suggest that the number of families headed by a cohabiting couple has increased by a third since 2001, and lone parent families are now accounting for 26% of all families with dependent children.

5.6.   A particular issue facing single parents and their children is a financial one. A study published by the ONS found that the income level of a typical lone-parent family is a third of that in married couple families. This would have an impact on their ability to access various opportunities and services provided in the county, which could lead to escalation of need and recourse to specialist services.

6. Growth of Ethnic Population

6.1.   The number of people from Black and Ethnic Minority (BME) background in the county rose to 36,400 in 2009, representing 6.2% of the population. The figure became 57,400 (i.e. 9.7%) when all non white-British ethnic groups such as Polish are included, which has shown a sharp increase in recent years. The percentages in 2001 were 2.9% and 5.2% respectively.

6.2. There was a higher representation of ethnic population among children and working-age groups, at 10.3% and 11.2% respectively compared to 5.1% in the older population. There were wide variations between districts, however, with the highest proportions of non 'White-British' children and older people recorded in Gloucester (14.9% and 8.2%), and the highest percentage of non 'White- British' working-age population in Cheltenham (14.5%).

	Proportion of Non 'British White' by district			
	Aged 0-15	Aged 16-64M/59F	Aged 65+M/60+F	All Ages
Cheltenham	11.1%	14.5%	6.2%	12.5%
Cotswold	8.4%	11.7%	3.8%	9.5%
Forest	5.5%	6.6%	1.5%	5.7%
Gloucester	14.9%	13.7%	8.2%	12.9%
Stroud	9.0%	10.0%	3.6%	8.6%
Tewkesbury	7.7%	8.7%	2.7%	7.4%
Gloucestershire	10.3%	11.2%	5.1%	9.7%

6.3. Data suggest that 'Other White' was the fastest growing ethnic group in the county between 2001 and 2009 (up 7,400 people), likely driven by recent immigration from Eastern European countries and the natural growth within the communities. New statistics suggest that the number of overseas nationals registering to work in Gloucestershire, including those from Eastern Europe, has fallen from the peak of 4,400 in 2006/07 to less than 3,000 at present including short-term migrants. The new restrictions recently introduced on immigration from non-EU countries are also likely to reduce the future number of non-EU migrants to Gloucestershire.

6.4. ONS projections predict that the levels of long-term immigration to Gloucestershire will be balanced and at times outstripped by emigration.

6.5. It is likely that the future growth of the ethnic population in Gloucestershire will be increasingly accounted for by natural growth from within the domestic population, as it has a young age structure. At present, 88% of the ethnic population are children and working-age, compared to 77% of Gloucestershire population as a whole.

6.6. This would mean that the proportion of children of early years and school-age from ethnic groups in the county is likely to increase in the near future, and over time, the proportion in the local labour force. The main implications for the council will be about improving the effectiveness in raising educational outcomes for children from some ethnic groups who are currently under-achieving, and in ensuring equal access to labour

market and health care services among the working-age and the older ethnic population.

Key Points

- The biggest demographic challenge for future service provision is the acceleration in the growth of the older population. The number of people aged 75 and over is projected to increase each year by an average of 1,500 between 2010 and 2020, and by 2,300 between 2020 and 2035.

- At the same time, the future numbers of children, young people and working-age people are subject to some degree of uncertainty, depending on the agreement and delivery of Districts' Core Strategies. The uncertainty will affect how the council plans its service provision for these population groups.

- The ethnic structure of the population will also change, as the natural growth from within the current minority ethnic population increases. This will result in increasing proportions of children of early years and school age from minority ethnic groups, and over time an increasing representation of minority ethnic population in the local labour force.

- Geographically, the current spatial models of service delivery may need to adapt to increasingly dispersed residential developments. Major housing developments allocated over the next 5 years suggest that population increase, and therefore demand for services, will be more spread out to towns, villages and the rural parts of the county.

- There will also be conflicting geographical demands on council services from the spreading of the older population and from younger communities arising from new housing across the county.

- We will increasingly see more older people living alone. Some of these will be without local family support, increasing the need for council-provided care services.

- There will also be more children living in non traditional married couple families. In particular, we may need to address the issue of access to opportunities and services by the increasing number of children and parents from single-parent households, as their income level is only around a third of that of couple families.

Section 2 - Gloucestershire and its communities are attractive places to live, work and invest now and in the future

What is attractive about Gloucestershire?

1. Overview

1.1. Gloucestershire presents a high quality diverse natural and historic environment offering a rural/urban mix that attracts people to the area to both live and work, and for the purposes of leisure and tourism.

1.2. Areas of Outstanding Natural Beauty (AONB) extend over half of Gloucestershire (see the map below) which also contains the Royal Forest of Dean, the first National Forest Park in the country. There are also numerous sites of international, national or local environmental importance and archaeological sites and historic buildings.

Areas of Outstanding Natural Beauty (AONBs)
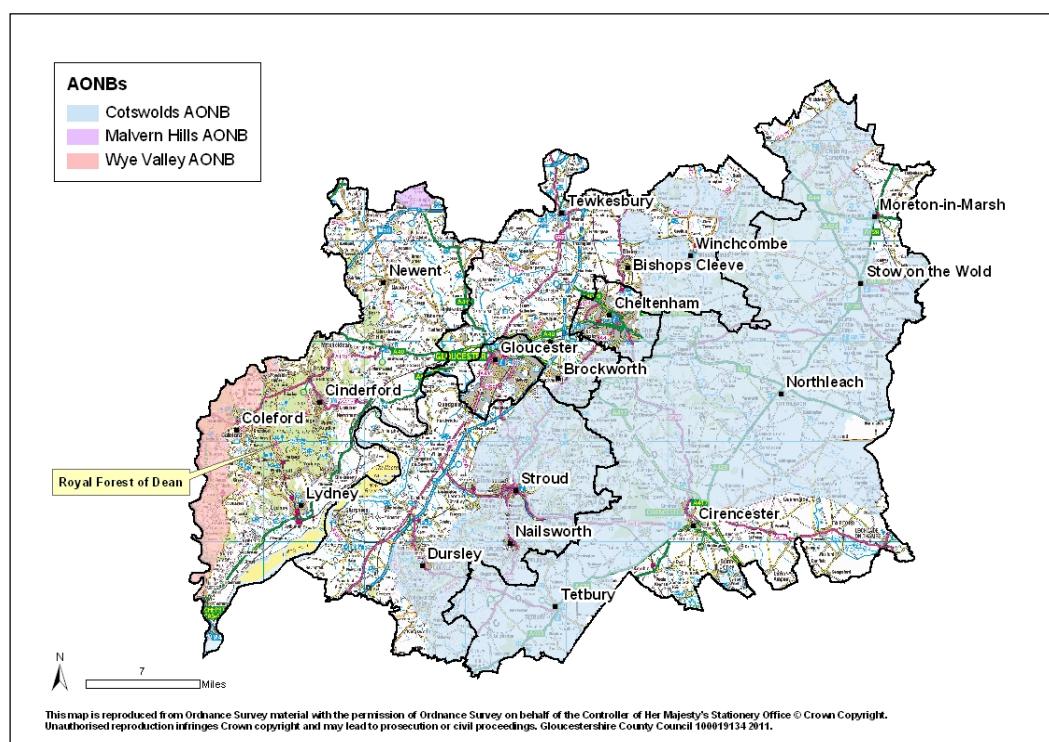
1.3. Despite their close proximity to each other the two main urban settlements of Cheltenham and Gloucester have developed their own unique characteristics. Along with a number of market towns, they

comprise the business, commercial, educational, service and cultural centres in the county. These towns play a significant role in the local economy both as employment hubs and service hubs for resident communities and outlying rural areas. The larger market towns in the county include Cirencester, Coleford, Lydney, Stroud and Tewkesbury.

1.4.   Historically dominated by defence and aerospace contractors, Gloucestershire continues to have a significant manufacturing presence, with particular strengths in advanced engineering. The county is home to companies such as Spirax Sarco, Messier-Bugatti-Dowty and Renishaw.

1.5.   The county is also a major centre for banking, finance and insurance and a number of national companies have headquarters located here including Cheltenham and Gloucester plc and Ecclesiastical Insurance.

1.6.   Gloucestershire is also home to a number of government departments and agencies including GCHQ (Government Communications Headquarters), the UK government intelligence centre and UCAS (University and Colleges Admission Service).

1.7.   These companies and many others have been attracted here by Gloucestershire's advantages as a location for business and residence, the quality of life and skills of a highly qualified workforce.

1.8.   Efficient transport infrastructure and services are vital to Gloucestershire to allow residents to access employment, education and services and to enable customers and suppliers to access business.

Gloucestershire's Infrastructure
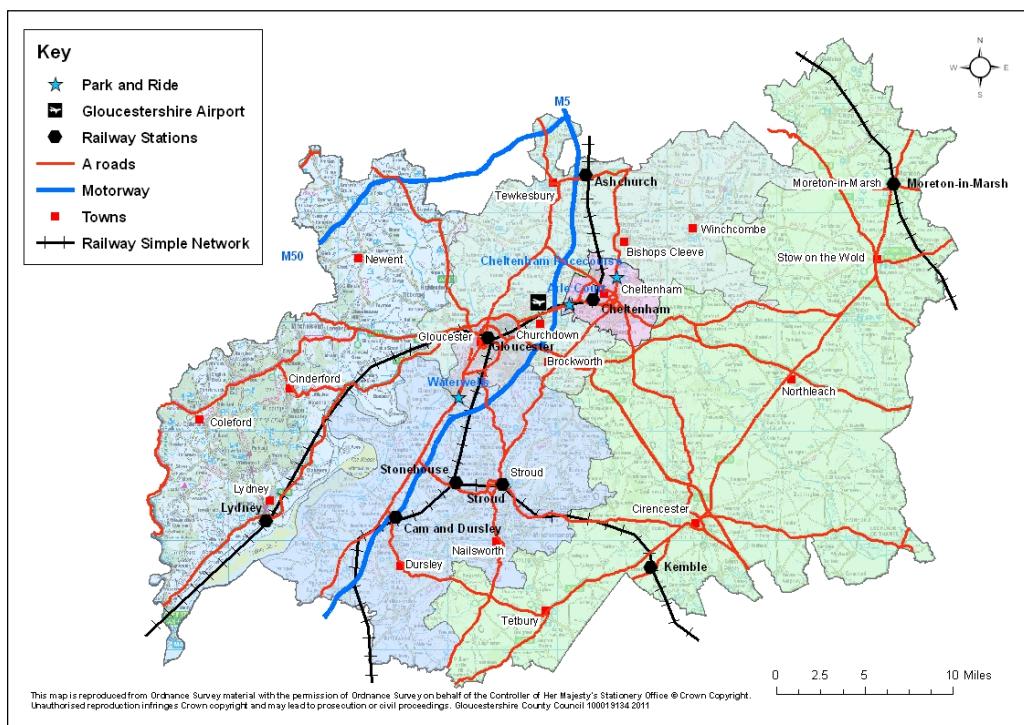
1.9.   The map above shows that Gloucestershire has a well developed strategic road network with the M5 motorway running north-south through the county and providing good links to Birmingham and the north, Bristol and the South West and the wider motorway network. There is also an efficient rail infrastructure with good links to London and other major cities. The bus services generally operate regularly and at peak times. Levels of car ownership are high.

2. Living in Gloucestershire

2.1.   The pattern of settlement in Gloucestershire has evolved as a consequence of the factors described in Section 1 - Demography.

2.2.   The map below shows that the majority of the county (78% of the total area) comprises Lower Super Output Areas (LSOAs) that are classified as 'village, hamlet and isolated dwellings'. Not unsurprisingly, all the LSOAs in Cheltenham and Gloucester districts have been classified as 'urban', leaving the remaining districts forming a combination of 'urban', 'town and fringe' and 'village, hamlet and isolated dwellings'.

Rural/Urban classification of in Gloucestershire
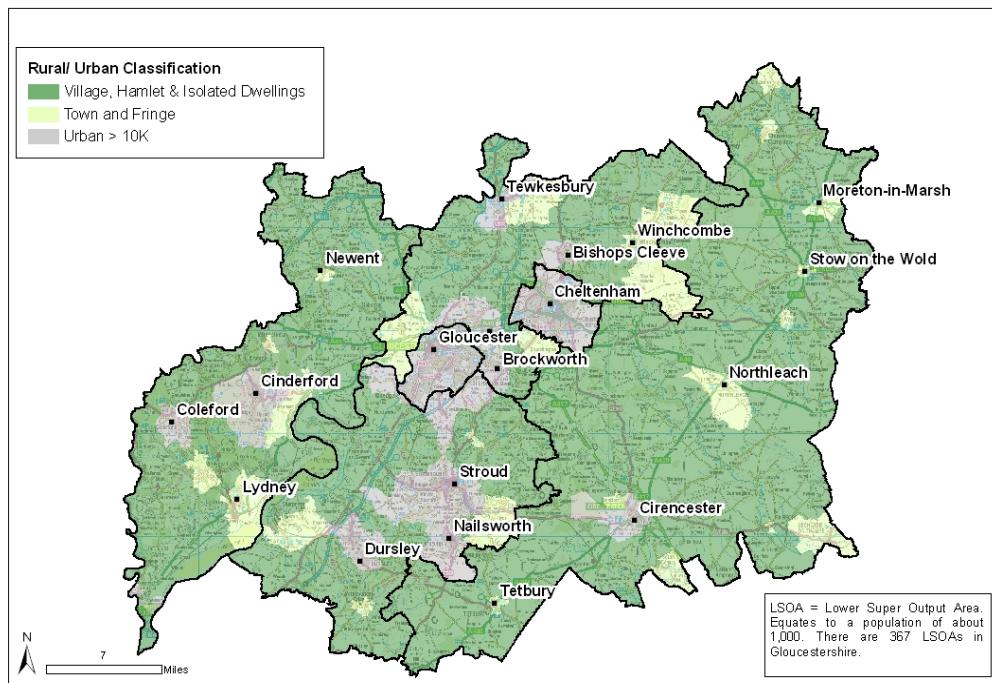
2.3. Despite the majority of Gloucestershire's total area falling into LSOAs that are classified as 'village, hamlet and isolated dwellings', only 20% of the county's population reside in LSOAs that fall into this category.

2.4. An economic output of about £11.5 billion and a relatively high level of productivity are two of the factors contributing to Gloucestershire's high standard of living.

2.5. This is also reflected firstly in the high proportion (66%) of detached and semi detached dwellings, secondly that 74% of all dwellings are owner occupied and thirdly housing is less affordable (represented by a ratio of 7.28) than the national average (6.53).

2.6. The high educational standards in the county as evidenced by above average success rates at GCSE and A level identified in Section 6 are also attractive to families coming to live in the county.

3. Working in Gloucestershire

3.1. The 'Manufacturing', 'Banking, finance and insurance' and 'Distribution and Tourism' sectors offer a diverse range of industrial activity that accounts for over half (57%) of Gloucestershire's employees. In addition the 'Public' sector represents a further 27% of all employees.

3.2. Gloucestershire boasts a highly skilled workforce with nearly a third of the working population educated to degree level or equivalent.

3.3. The majority of Gloucestershire's working residents commute to work within the county reflecting the high extent to which the demands for a skilled workforce are being met by companies/agencies within the county.

4. Investing in Gloucestershire

4.1. The quality of the environment combined with a competitive, skilled workforce, good connectivity, and land supply in Gloucestershire is a strong selling point to businesses and investors. This is reflected by the number of head offices, international and entrepreneurial companies situated in the county for example GE Aviation, Messier-Bugatti-Dowty, Renishaw, Ageas Insurance, Bottlegreen Drinks Co, Watts Group, Supergroup and Green Fuels.

4.2. In spite of the general decrease in enquiries for land and property and a weakening of the office market, some eight hundred inward investment enquiries were made in 2010/2011. About a quarter of these resulted in new business start ups in the county.

What are the barriers/risks?

5. Ageing population

5.1. In an area that already attracts the middle aged, Gloucestershire will need to be able to maintain its high standard of living while responding to the needs of an ageing population as well as maintaining the supply of a skilled working age population.

5.2. The overall population growth in the county between 1991 and 2008 was largely due to net in-migration accounting for 80% of growth. Between 2008 and 2010 this has changed with net in migration reducing to 60% of growth along with the corresponding increase in natural growth. However, although reducing, there was still a net loss of 15-19yr olds from the county in 2010.

5.3. Looking at the projected population structure of Gloucestershire the evidence of an ageing population is clear with the decline in the working population as a proportion of the total population and corresponding increase in the proportion of those aged over 65 as referred to in Section 1.

6. Affordable housing, higher education, and future workforce

6.1.   Increased house prices have in recent years turned what is considered a sign of affluence created by the high proportion of detached and semi detached owner occupied houses and low levels of rented housing across the county into a problem as they are not likely to attract young people to settle in the area. This issue is exacerbated by the presence of second homes, which limit the amount of housing stock available to local people and push prices up.

6.2.   Gloucestershire's income to house price ratio may make it difficult for first time buyers to get into the property market which is likely to exacerbate the out migration of young people or alternatively encourage people to commute into Gloucestershire for work, while living in areas where housing is cheaper.

6.3.   Despite an increase in the take up of apprenticeships, the 18-24 yr age group make up a third of total unemployment in the county (see Section 4) and there is also a worrying increase in the number of 18-24 yr olds passing into long term unemployment (6 months or more).

6.4.   Although the numbers of 15-19 year olds leaving the county has reduced, there is potential to encourage school leavers into Higher Education within the county.

7. Areas of Multiple Deprivation

7.1.   Although Gloucestershire benefits from a high standard of living, this wealth is not evenly distributed and pockets of deprivation do exist, particularly in the main urban areas and those vulnerable pockets that exist around some of the market towns e.g. Cirencester, Tewkesbury, Cinderford and Brockworth.

7.2.   The Index of Multiple Deprivation 2010 combines some thirty eight indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation.

7.3.   The Indices of Deprivation 2010 have been produced at Lower Super Output Area (LSOA) level. These are small geographical units covering between 1,000 and 3,000 people and provide a more in-depth appreciation of variations in deprivation at a local level. There are of 367 LSOAs in Gloucestershire and 32,482 in England.

7.4.   The indicators are grouped into seven domains that are combined to produce the overall Index of Multiple deprivation:

-    Income Deprivation

-    Employment Deprivation

-    Health Deprivation and Disability

-    Education, Skills and Training Deprivation

-    Barriers to Housing and Services

-    Crime

-    Living Environment Deprivation.

There are also two supplementary indices:

-    Income Deprivation Affecting Children Index (IDACI)

-    Income Deprivation Affecting Older People Index (IDAOPI).

7.5.   Gloucestershire has eight LSOAs amongst the most deprived 10% of LSOAs in England. They are all located in Cheltenham and Gloucester districts as illustrated below and account for 12,700 residents amounting to 2% of the total population of the county.

The eight LSOAs in Gloucestershire that fall within the most deprived 10% LSOAs in England

Lower Super Output Area	District	Rank
Podsmead (1)	Gloucester	809
Matson and Robinswood (1)	Gloucester	1,243
St Paul`s (2)	Cheltenham	1,990
St Mark`s (1)	Cheltenham	2,185
Kingsholm and Wotton (3)	Gloucester	2,332
Westgate (1)	Gloucester	2,434
Westgate (3)	Gloucester	2,642
Hesters Way (1)	Cheltenham	3,054

Source: Indices of Deprivation , 2010, Department for Communities and Local Government © Crown Copyright and database right 2011. Ordnance Survey 100019134

7.6.   These eight neighbourhoods are the hotspots in terms of overall multiple deprivation and residents in those areas are more likely to experience higher recorded crime rates, more low birthweight babies, higher rates of prevalence of heart disease and bronchitis, more likely to leave school with no work, education or training destination, more likely to be dependant on Community & Adult Care services, have lower incomes, high unemployment rates and a poorer living environment compared to the rest of the county.

7.7.   When considering those LSOAs that fall within the most deprived 20% of LSOAs in England a further nineteen LSOAs fall into this category in Gloucestershire. They tend to represent a wider range of hotspots located around the market towns and account for a further 29,600 residents comprising 5% of the total population of the county.

7.8.   In contrast those LSOAs in Gloucestershire that are amongst the least deprived 20% nationally account for almost a third of county's residents.

How can attractiveness be sustained?

8. Infrastructure: present and future needs

8.1. Infrastructure is generally good but as pointed out in Section 4 there are some congestion hotspots. The rural nature of the county raises access issues especially if people do not have private transport and if they are not connected to the internet and threats from rising fuel prices could alter commuting patterns.

9. Future waste issues

9.1. With the population and number of households within Gloucestershire predicted to increase until at least 2035, this will have direct implications on the amount of waste produced.

9.2. The cost of collecting, recycling, composting and disposing of Gloucestershire's municipal waste is increasing but the available biodegradable landfill space in the county is declining. There are currently limited facilities available to divert waste away from landfill, though investment is underway into residual waste treatment.

10. What else can be done to protect our communities?

10.1. Around twenty thousand Gloucestershire residents live at an address with a '1 in 100 year' flood risk. Of these two thousand are aged 75 or more, and another thousand are infants and toddlers. The flood risk area contains around a thousand business premises, accounting for 19,000 jobs, as well as 13 primary schools and 15 care/residential establishments.

11. Effects of a low carbon economy

11.1. In order to meet the emission targets required by the Climate Change Act (2008) the economy will need to undergo fundamental changes that will present a number of opportunities and risks for businesses.

11.2. Opportunities relate to new technology, products and markets and risks include financial and legal requirements of compliance, increase in energy costs and effects on business image.

12. Balancing the demands of economic growth and the protection of the environment

12.1.   In view of the planning changes and the Localism Act, local development will need to be adequately balanced in terms of house build, brownfield sites versus greenfield and the role of economic development.

Key Points

- The challenge of an ageing population is exacerbated in Gloucestershire not only by the attraction of a pleasant environment which has encouraged a mature working population that may subsequently retire here but also in the need to recognise the potential for retaining more school leavers in Higher Education or as part of the highly skilled workforce within the County. These factors may ultimately affect the structure of the future workforce

- An ageing population will influence the Care sector in terms of its ability to address the needs of an increasing number of elderly residents

- Health care issues relating to the effects of obesity and alcohol are also beginning to emerge

- Higher numbers of the young qualified could be attracted to the county if there was more suitable housing and transport available at a price they could afford. This is accentuated in the rural areas where the number of people of child-bearing age is declining

- To remain competitive the diverse nature of Gloucestershire's industrial activity will need to be maintained through support for the high-tech manufacturing and knowledge intensive service activities. The development of growth sectors relating to the Creative industries and Environmental technologies, the latter with potential relating to aspects of the renewable, waste management and low carbon sectors of the economy will also need to be encouraged

- Co-operation between local authorities and developers is paramount when addressing the balance between future housing, employment land requirements and the associated infrastructure developments, and the protection of greenfield and heritage sites within the county.

Section 3 - People and Communities are Active and Resilient

People and Communities are active and resilient

1. What are active and resilient communities?

1.1. An active and resilient community is one in which people are empowered to lead self determined, fulfilled lives, and in which everyone, regardless of age, race or social background, has a sense of belonging and a stake in society. In terms of resilience, the community will be able to detect, prevent and respond to all kinds of emergency[1].

1.2. Active and resilient communities are better able to cope with changes that come, either from reductions in services or that arise through external factors such as flooding, foot and mouth or other unexpected events. This reduces pressure on local authority services.

2. Why would the Local Authority want to promote this?

2.1. The relationship between people and their local authority will change in the future. The key questions are:

- Are people willing and able to participate as power and responsibility is passed to them?

- How can the Council and partners promote activity and resilience?

- How can we identify the communities with resilience now, and extend these characteristics to other areas?

- In what areas can active communities have the most impact?

2.2. Using community skills and energy is different to traditional service delivery. Community capacity needs to be identified, fostered and supported, before services can be handed over. At the same time we need to identify where support for community involvement can provide the most value. Working relationships with third sector services will also be crucial.

2.3. The nature of community involvement, happening in many small projects at a local level means that it is difficult to get the high level picture needed

---

[1] http://www.communities.gov.uk/corporate/help/glossary

for traditional 'top down' planning. Identifying and quantifying existing and future capacity will need more flexible approaches.

3. How can we identify and measure activity?

3.1.   We need to establish a baseline assessment of current participation and engagement. There are no direct measures for this but there are a range of proxy indicators that can be used.

3.2.   Voter turnout. The map below highlights voter turnout during the 2009 elections. There is a link between the deprived areas of Gloucestershire and low voter turnout. The red dots on the map are the areas that fall within the 20% most deprived areas in England.

Election Turnout

Turnout at County Council Elections 2009 and Deprivation

D Carr - May 2012
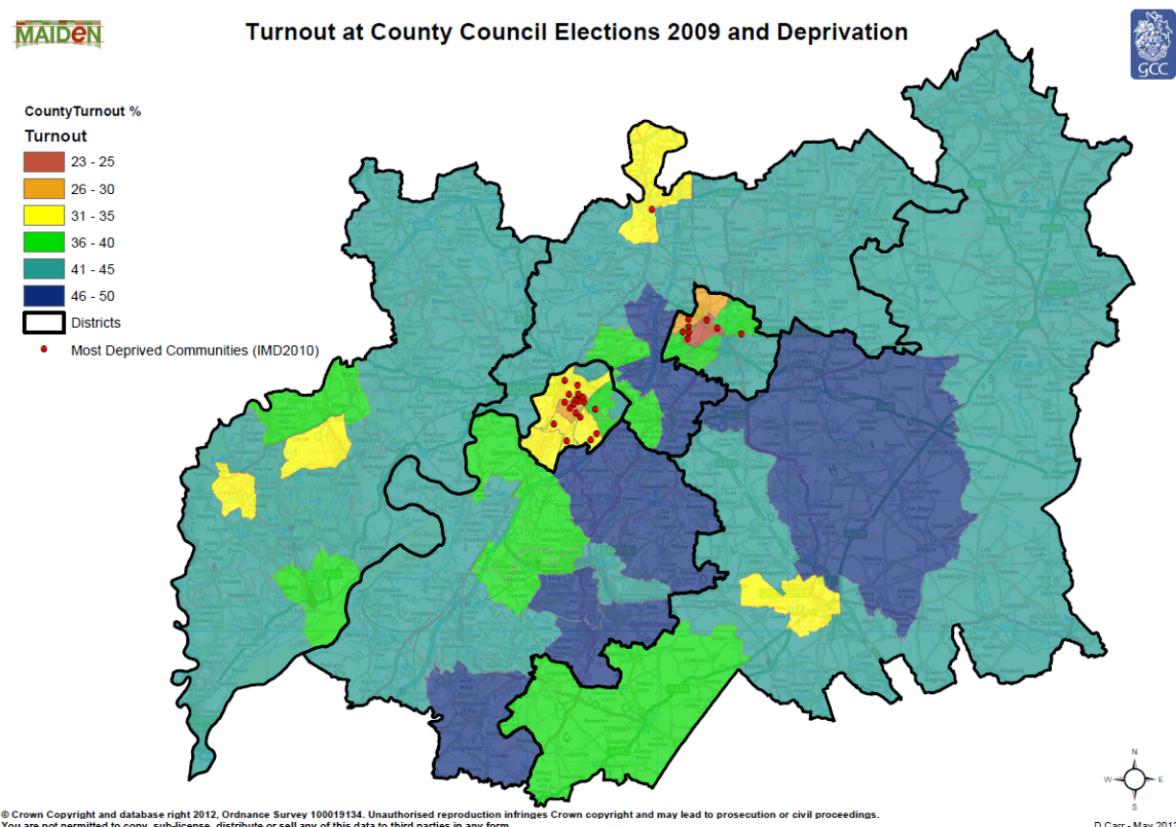
3.3. According to a national survey[2] there is an association between people participating in civic engagement activities and deprivation. Results show that people living in the most deprived areas have the lowest participation rates, as shown in the chart on the following page[3]. The same survey shows that community cohesion – measured as a sense of belonging to our neighbourhoods – has strengthened over the past decade in all areas[4].

Participation in civic engagement activities at least once in the last 12 months (2009/10), by Index of Multiple Deprivation
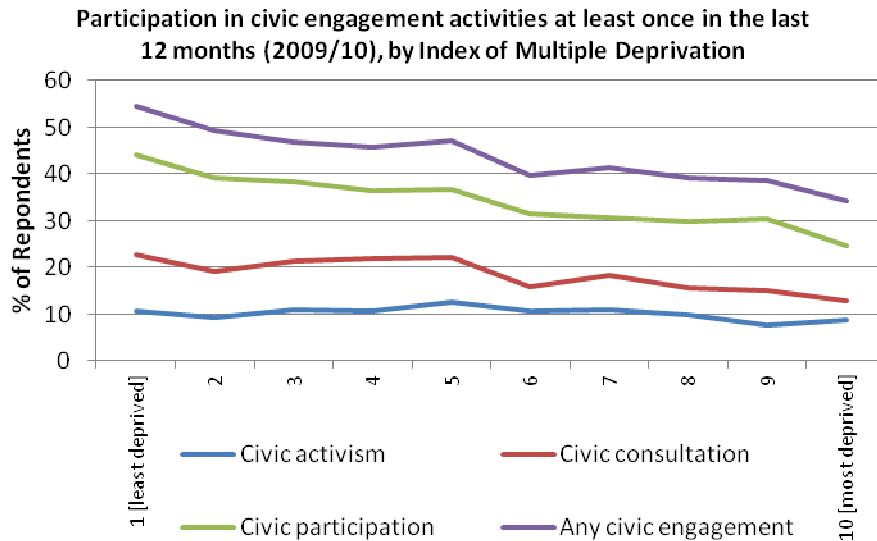
3.4. There is a similar pattern for volunteering and deprivation[2]. The most deprived areas have the lowest participation rates when respondents are asked if they have participated in volunteering at least once in the last 12 months[5].

---

[2] 2009-10 Citizenship Survey

[3] Civic activism is defined as being a member of a local group (e.g. neighbourhood watch, tenants group). Civic participation is defined as contacting an official (e.g. local councillor), attending a public meeting or rally, taking part in a protest or signing a petition. Civic consultation is completing a questionnaire or taking part in a focus group about local services or problems.

[4] http://www.nlgn.org.uk/public/wp-content/uploads/Aniticipating-the-Future-Citizen.pdf

[5] Formal volunteering is defined as giving unpaid help to groups, clubs or organisations to benefit others or the environment. Informal volunteering is defined as giving unpaid help as an individual to people who are not relatives.

Participation in formal and informal volunteering at least once in the last 12 months (2009/10), by Index of Multiple Deprivation
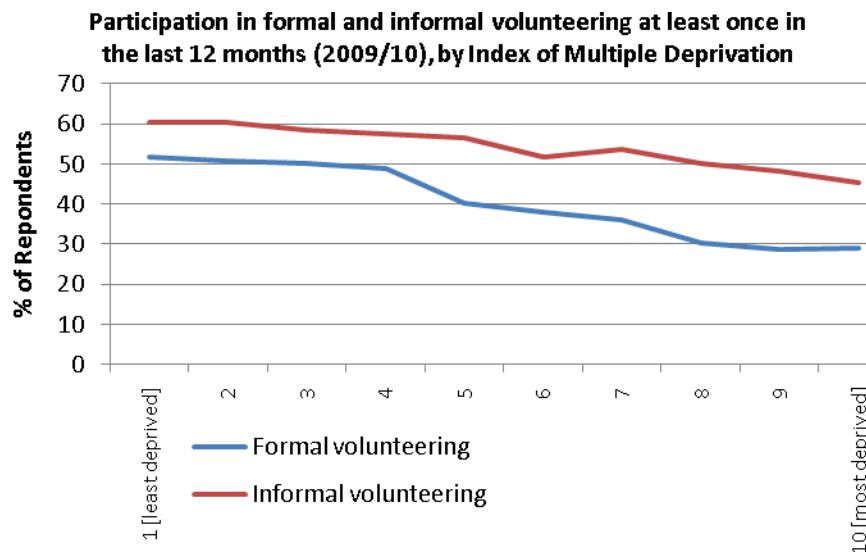
3.5. The New Local Government Network (NLGN) calculated a "Big Society Score" from three of the indicators in the Audit Commission's Place Survey These were:

- Participation in regular volunteering

- % of people who feel that they belong to their neighbourhood

- Civic participation in the local area

3.6. The following tables show the participation and belonging scores that make up the Big Society Score. Regular volunteering, Belonging and Civic Participation are highest in Stroud and Cotswold districts which are ranked consistently within the top 10% out of 352 local authorities nationally. The two urban districts of Gloucester and Cheltenham have the lowest scores in Gloucestershire for the three variables except for the first table which ranks Cheltenham higher than the Forest of Dean for regular volunteering.

Rank Based on **Regular volunteering** (out of 352 Nationally)	Local authority
14	Stroud DC
18	Cotswold DC
86	Gloucestershire CC
109	Tewkesbury BC
137	Cheltenham BC
164	Forest of Dean DC
220	Gloucester City

Rank Based on Belonging score (out of 352 Nationally)	Local authority
17	Stroud DC
28	Cotswold DC
42	Forest of Dean DC
114	Gloucestershire CC
139	Tewkesbury BC
222	Cheltenham BC
279	Gloucester City

Rank Based on Civic participation (out of 352 Nationally)	Local authority
20	Cotswold DC
26	Stroud DC
101	Gloucestershire CC
128	Forest of Dean DC
149	Tewkesbury BC
212	Cheltenham BC
248	Gloucester City

3.7. There is little up-to-date information about participation. The Big Society Score is partly based on results from the Place Survey which has been discontinued. Also the Citizenship Survey will no longer be conducted. Future information will need to come from local consultation with communities.

4. How can we measure Resilience?

4.1. Measuring resilience is difficult but it is possible to measure the opposite characteristic, which is vulnerability. There are many established ways of measuring a community's vulnerability such as the indices of deprivation, analysing crime patterns, the Vulnerable Localities Index[6] and locally, MAIDeN profiles. We can use these to create a map of vulnerabilities and assets. We can also use information from the sources below.

4.2. Crime figures have increased from the previous year by 0.8% (of which burglary, theft, sexual offences all experienced increases; criminal damage and violence against the person experienced decreases) – only Gloucester City had an increase in recorded crime of the six local

---

[6] The VLI is a method for measuring community cohesion, by highlighting areas where social and economic conditions exist which could lead to a breakdown in the community. It is purely a scanning tool and should only be used as an indicator of where neighbourhoods with low level community cohesion issues might exist

authorities within Gloucestershire. There has been a 4% increase in numbers of young offenders and an increase of 7% for offences committed by young offenders. Numbers of adult offenders known to Gloucestershire Probation Trust have decreased by 9.6% and numbers of adult reoffenders have decreased by 30.7%.

Gloucestershire crimes by Home Office Band	August 2009 to July 2010	August 2010 to July 2011	Difference	Percentage Difference
Theft	12998	13896	898	6.9
Burglary	5357	6261	904	16.9
Criminal damage	6914	6241	-673	-9.7
Violence	6831	6138	-693	-10.1
Drugs	1657	1508	-149	-9.0
Fraud	1046	999	-47	-4.5
Sexual offences	524	584	60	11.5
Other notifiable	632	501	-131	-20.7
Robbery	215	327	112	52.1
Total All Crimes	36174	36455	281	0.8

4.3. Communities with the highest crime levels aren't always the ones with highest fear of crime. The chart below shows recorded crime rates (blue bars) and survey results[7] to the question "How Safe Do You Feel In Your Local Community After Dark?" What the chart shows is perception against reality. Perceptions of crime in the Forest of Dean and Tewkesbury are much higher than the real crime rate when comparing against the other communities of Gloucestershire.

---

[7] Gloucestershire Household Survey 2010

■ 2010/11 Police Recorded Crime Rate vs   ■ % A Bit Unsafe/Very Unsafe GHS 2010
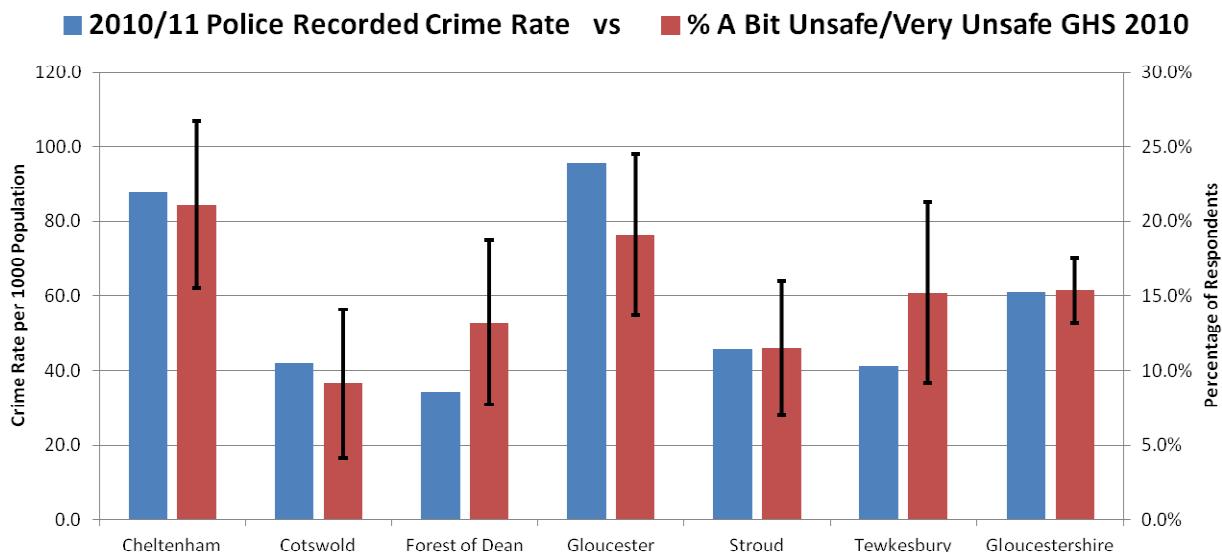
4.4.   Some communities in Gloucestershire are particularly vulnerable to deliberate fires and road safety incidents. The two maps on the following page show the distribution of deliberate fires (arson) recorded by Gloucestershire Fire and Rescue Services and the distribution of serious and fatal road traffic collisions (RTCs). The majority of RTCs and arson incidents are confined to the urban centres of Cheltenham and Gloucester. RTCs can also be followed up major road routes such as the Fosse Way in the Cotswolds.

Serious and Fatal Road Traffic Collisions Jan 2007 - Dec 2010

© Crown Copyright and database right 2012, Ordnance Survey 100019134. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. You are not permitted to copy, sub-license, distribute or sell any of this data to third parties in any form

D Carr - May 2012
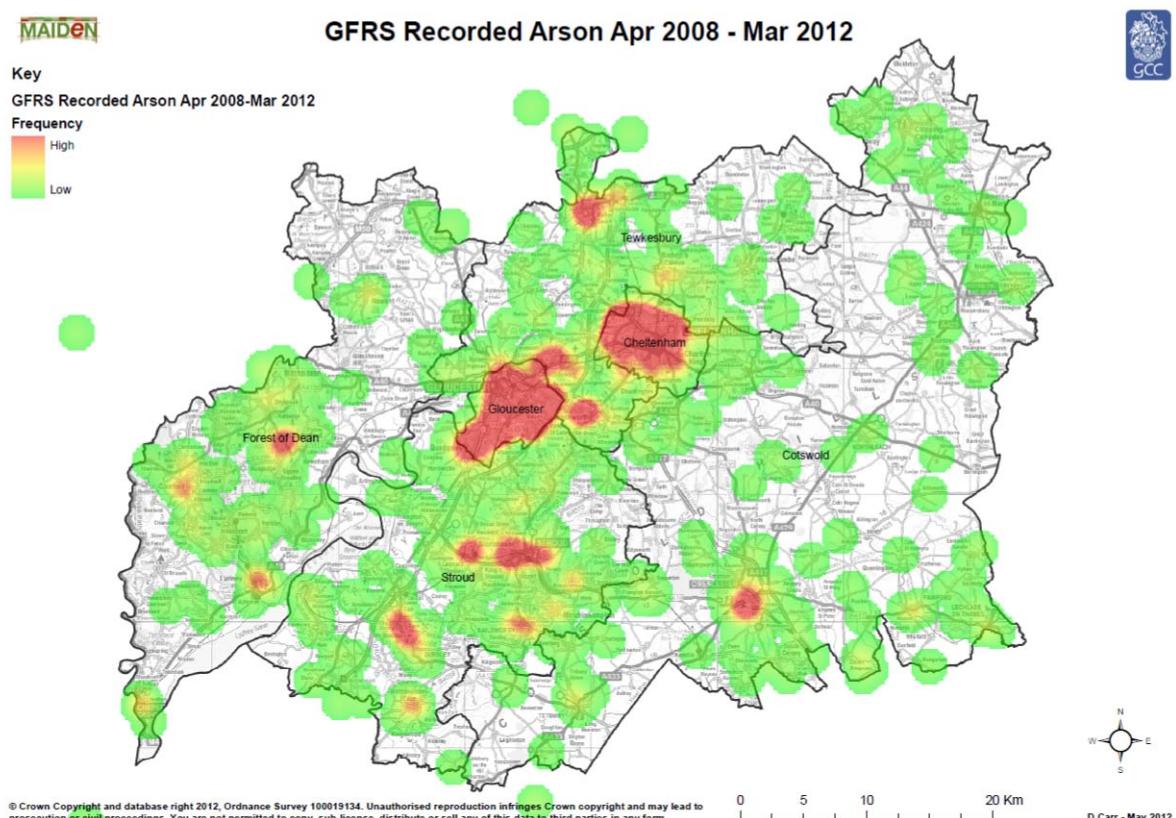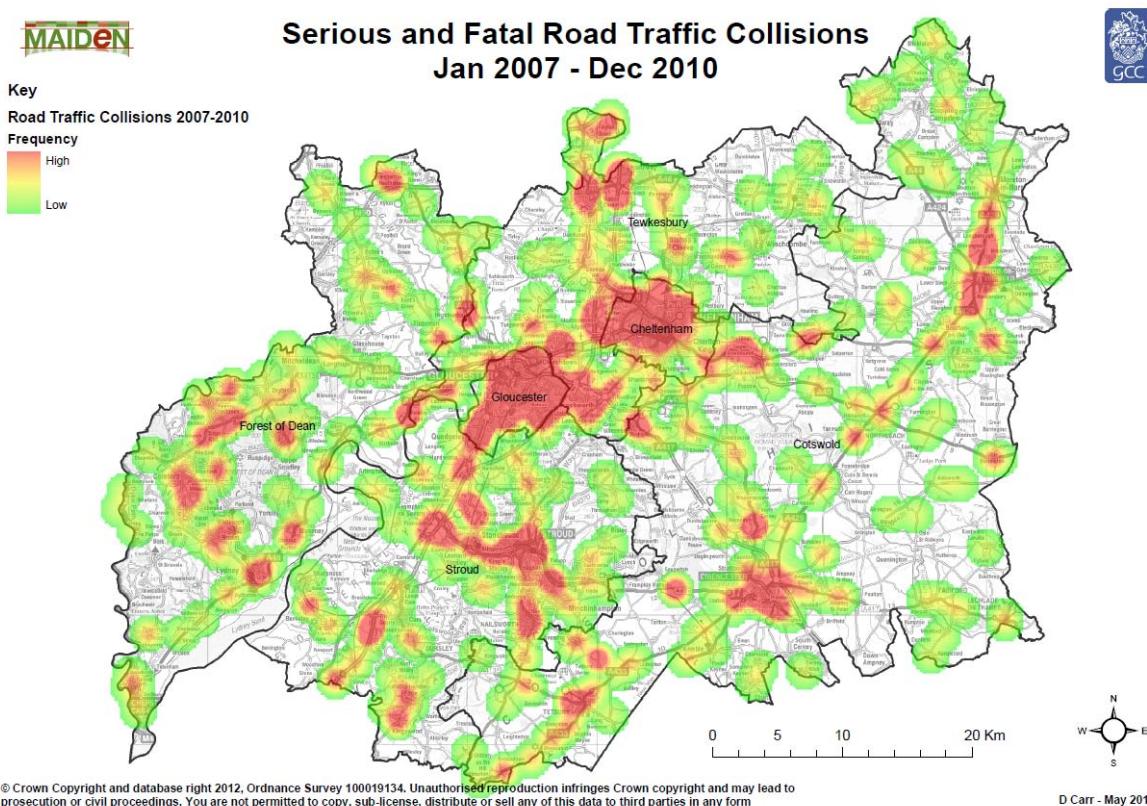
4.5. Deprivation – The indices of deprivation can help us identify communities that are made more vulnerable and less resilient by deprivation. It can also help us identify communities that vulnerable because of remoteness from services. An in depth look at the latest available Indices of Deprivation can be found in last year's document[8]. Key headlines of the Indices of Multiple Deprivation 2010 for Gloucestershire are:

- The County now has 8 neighbourhoods (Lower Super Output Areas) amongst the most deprived 10% of neighbourhoods in England (5 in Gloucester, 3 in Cheltenham).

- When compared to the rest of England, Gloucestershire's neighbourhoods are most deprived in terms of 'geographical barriers to services', with eighty Gloucestershire neighbourhoods amongst the most deprived 10% of neighbourhoods in England. Around a third of Gloucestershire residents live in the national most deprived quintile for geographical barriers.

- Gloucestershire has experienced relative improvement in terms of deprivation measures, between the 2007 and 2010 national indices 10% more Gloucestershire residents now live in neighbourhoods amongst the least deprived 20% of neighbourhoods in England. There

---

[8] http://www.gloucestershire.gov.uk/inform/utilities/action/act_download.cfm?mediaid=45452

has been a substantial improvement in Gloucestershire neighbourhoods' deprivation measures relating to Health and Disability, with many fewer people now in the most deprived neighbourhoods and many more living amongst England's least deprived communities.

- The 2010 National Indices of Deprivation are based on 2008 data, and cannot, therefore, properly reflect the impact of the recession.

5. Measuring Assets

5.1.   Identifying the assets of a community is important. These can be physical facilities or an individual's skills and knowledge. Currently there is little information held centrally about community assets. Identifying this should be a priority if we want to plan and have influence on communities.

5.2.   Physical facilities are the easiest to identify and existing datasets include a database of village halls, sports facilities, and public services such as libraries, GP surgeries and Children's Centres.

6. Rural Communities

6.1.   In rural Gloucestershire there has been a lot of activity to promote parish planning. This is where communities get together to write a plan setting out the assets and strengths of the community, and how it wants to develop. The process of drawing up the plan is beneficial in itself in developing communities. Some are now on their second revision, see the associated map. 70% of the rural population are covered with particularly high take up in the Forest of Dean and Stroud.

Parish/Community Led Plan Status
March 2012

Research Team SL Date: 20/04/2012   SCALE: 1:350,000
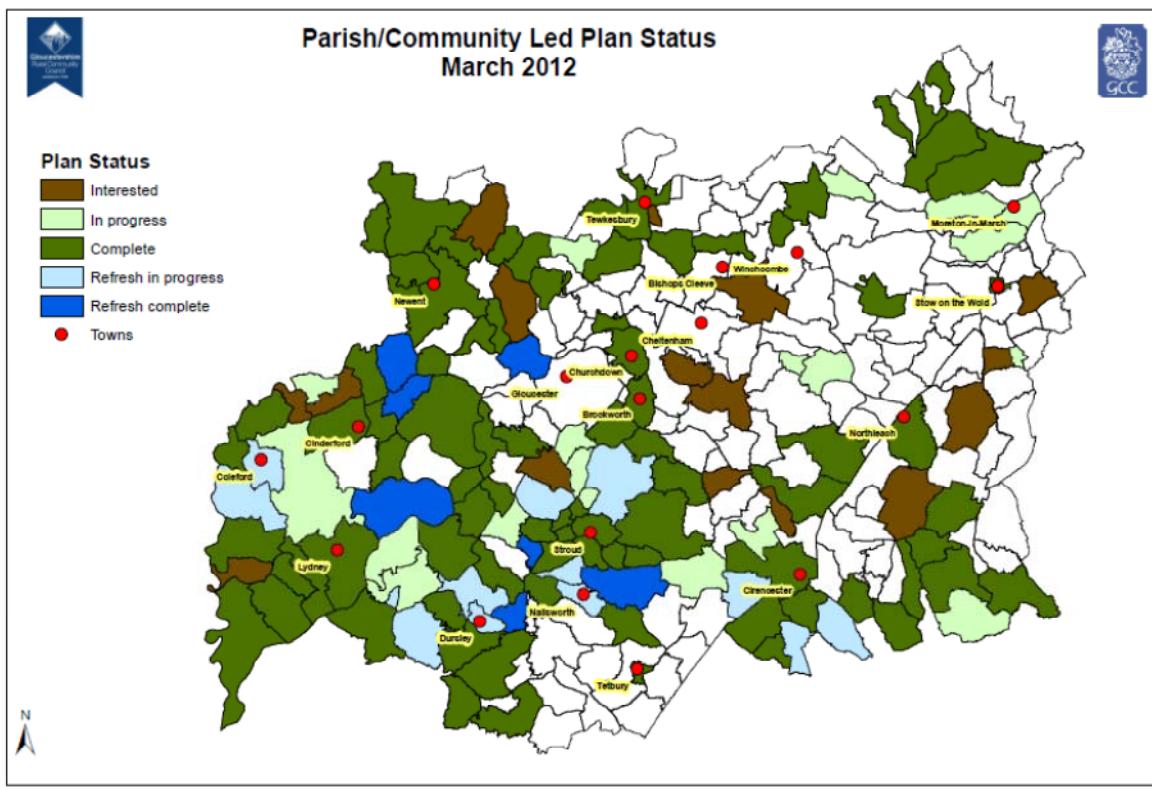
6.2.   These plans are a useful source of data about community assets, strengths and vulnerabilities as identified by local people. The actions are summarised in the Gloucestershire Rural Community Council (GRCC) Parish Plan database. There are 2,749 objectives/actions on the current database including nearly 900 now complete. Action plans can be linked to strategic priorities at neighbourhood, district, county, regional and national level. This enables greater interaction and partnership between communities, authorities and other organisations to develop projects and move them forward. The themes of live objectives/actions are listed in the following table. The most common topics are:

- Conservation/Heritage

- Road safety & speeding

- Parish cleanliness/maintenance

- Public footpaths & bridleways

THEME	Number of Live Actions (Not Completed)
Environment	594
Roads & traffic	297
Community	233
Transport	131
Leisure	128
Housing/Development	101
Crime, disorder & community safety	92
Business & economy	88
Young people & children	50
Education & lifelong learning	40
Tourism	36
Health	34
Utilities	29
Older people	8
Environment	6
Business and economy	2
(blank)	2
Grand Total	*1871*

7. All Communities

7.1. Community safety teams are active in 55 communities in Gloucestershire. Each has identified priorities for policing, highlighting issues which are currently affecting the local community. Analysis shows that some areas are active on several initiatives and others on none. This could be a reflection on people's willingness to be involved or that communities have no issues. Analysis of these priorities could provide a baseline of issues important to communities. Anti-social behaviour and Road Safety are the most frequent themes with some Community Areas with multiple issues incorporating either theme into their priorities as well as those who are solely focusing on one or both of these.

Gloucestershire Constabulary Community Areas
Current Published Priorities

Key
District Boundaries
Police Community Areas
ASB
ASB and Road Safety
Multiple Issues
No Current Priorities
Other
Road Safety

© Crown Copyright and database right 2012, Ordnance Survey 100019134. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. You are not permitted to copy, sub-license, distribute or sell any of this data to third parties in any form

D Carr - June 2012

8. What do commissioners want to know?

8.1.   A key question of interest to commissioners is how willing and able
people are to participate and at the moment this isn't measured. By
drawing together existing initiatives it will be possible to develop
measures across the county. It will be easiest to identify the
characteristics of communities at the two ends of the spectrum, i.e. the
most vulnerable and most resilient.

Key Points

- This is an area of increasing importance for the Council but where hard data is not widely available.

- The potential capacity of communities and the areas of future involvement are not yet clear.

- There is an association between people participating in civic engagement activities, volunteering and deprivation. Stroud and Cotswold districts rank high nationally for three variables regarding volunteering, belonging and participation with Cheltenham and Gloucester having the lowest ranks within Gloucestershire.

- Data on the vulnerabilities of geographical communities, from a range of sources, could be brought together to provide an assessment of resilience and create a "stronger communities" score.

- Individual parish plans and local policing teams are a potential source of detailed information on community strengths and vulnerabilities.

- Communities need to be supported and ready before they take on responsibilities from local government.

Section 4 - People can Access Education, Training, Work and Essential Services

Overview

1. Why is this important?

1.1.   Gloucestershire is a vibrant functional economic area. Unemployment is generally low. The current figure is around 3% compared to 5% nationally[9]. The workforce has higher than average skills with 28% of people qualified to degree level or above[10]. Employment opportunities are available locally with 88% of residents working within the county. To maintain the prosperity and resilience of the county, it is important that adults have and develop the skills to take advantage of employment opportunities, and achieve economic well-being.

1.2.   Access to essential services in Gloucestershire is generally good within larger towns but is more challenging in rural areas or where private transport is not available. Essential services include health, education and retail outlets. Good access to services is achieved by a combination of services being located within easy reach, with good transport options being available or by access provided in different ways.

2. The Challenge - What is the role for a commissioning council?

2.1.   Many public services are changing to new models of provision focussed on people not buildings. These include community hospitals; police stations; youth services; libraries; day services, and locality offices. The challenge is to maintain good access for the public as services are redesigned.

2.2.   A majority of people can access education, training and work with few problems, but some groups of people face barriers. These include young people (aged 18-25), people with caring or childcare responsibilities, disabled people and older workers. In some rural areas people also face barriers in terms of transport, and in access to technology with variable mobile phone and broadband coverage.

---

[9] ONS Claimant Count May 2012
[10] ONS Annual Population Survey

2.3. Demographic changes will affect the characteristics of the workforce in the next twenty-five years. The number of people aged 20 - 64 is predicted to be fairly constant at around 340,000, but in that time the population as a whole will grow by around 80,000. This is mainly due to increasing numbers of people aged 65+ (See Section 1). It is important that gaps in numbers and skills are identified so that we can respond to future demand.

Access

3. Access to Essential Facilities

3.1. The widest range of services are found in Cheltenham, Gloucester, and the larger market towns. Access to essential daily retail, health and education facilities is provided through these and also a network of about 25 smaller towns. Towns with populations above 2,000 people are usually large enough to have outlets supplying most essential services. Some of these towns such as Chepstow, Ledbury and Evesham are outside of the county. The area furthest from services or a key town is in the mid-Cotswolds around Northleach.

3.2. On national measurements of accessibility the county has many areas with rankings in the lowest 10%. The map below shows areas with low accessibility scores, and the small/medium towns can be seen as important locations for essential services. These scores are rankings, and don't mean that in absolute terms access is impossible or that people find distances unacceptable.
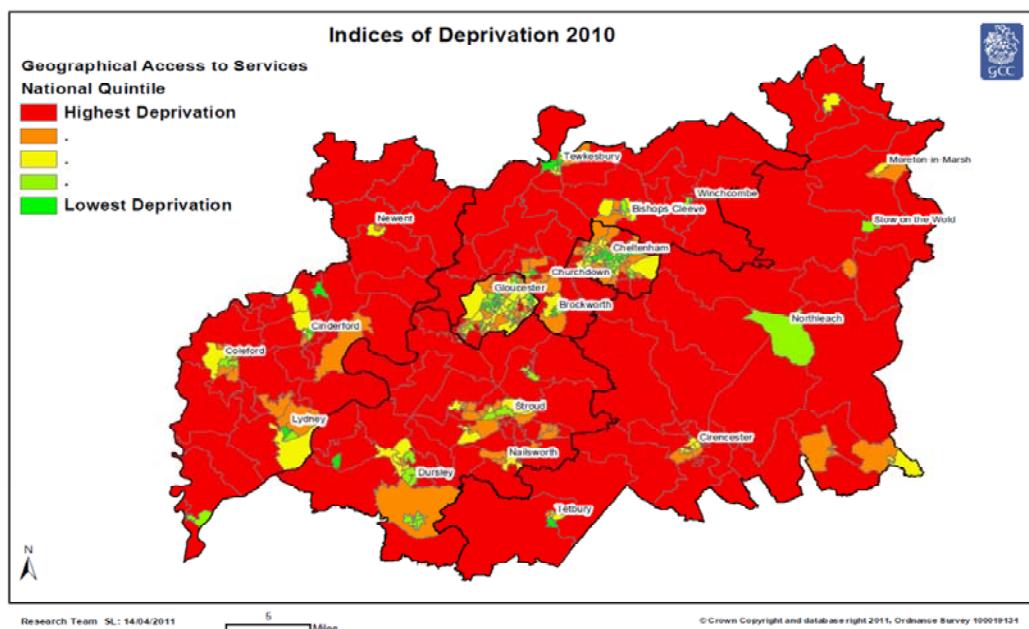
3.3.   20% of the population of Gloucestershire live in areas classified as rural villages and hamlets[11]. The following table lists 13 essential services alongside the distance within which the service would be found in urban areas. The table shows how many households in areas classified as rural, are within these parameters. These figures do not include towns such as Cinderford, Stroud, Tewkesbury or Cirencester which are classified as urban.

Households in rural parts of district within given distance[12]

District	Cotswold	Forest of Dean	Stroud	Tewkesbury
Primary schools (2km)	73%	86%	89%	73%
Secondary schools (4km)	33%	46%	56%	57%
Banks/Building Society(4km)	50%	37%	48%	54%
GP surgeries (4km)	66%	76%	86%	71%
Post offices (2km)	65%	70%	78%	50%
Convenience stores (4km)	58%	83%	87%	84%
Supermarkets (4km)	49%	47%	56%	62%
Petrol stations (4km)	58%	84%	82%	88%
Dentists (4km)	56%	41%	59%	53%
Job Centre (8km)	16%	39%	39%	57%
Cashpoints (4km)	70%	82%	93%	88%
Pharmacy (4km)	51%	56%	77%	63%
Pub (2km)	84%	85%	94%	82%

3.4.   Local calculations, in the following table, show that 89% of people are within a 45 minute bus journey of a key town and 88% of people can travel to major centres of employment within this time. Most people will have a much shorter journey than this, including those with private transport.

Public transport times to key destinations

Destination	Time	Percentage of people within 45 mins April 2012
Key Town	9:00 to 10:00	89
Major Employment Centre	7:30 to 9:00	88
Secondary School	8:00 to 9:00	90
Sixth Form	8:00 to 9:00	75
FE College	7:30 to 9:00	77
GP	9:00 to 10:00	95

---

[11] ONS Defra Rural/Urban Classification
[12] Source: Commission for Rural Communities 2011

3.5.   More of a problem is travel to Sixth Forms and FE colleges where only around 75% of people have a public transport journey under 45 minutes. FE is also the destination highlighted with the greatest scope for improvement by the National Highways and Transport (NHT) Satisfaction Survey in 2011.

3.6.   Satisfaction with access as measured by the NHT Survey is high for a rural county, where Gloucestershire ranks at 26 out of 70 authorities taking part, ahead of many urban areas. Ward level data for a question about the ease of travel to work shows that many rural areas have high satisfaction scores.

3.7.   A good road network is an important factor in providing access. Conditions are generally good, with low levels of congestion and easy links to the motorway network from the large towns. The areas with the greatest scope for improvement all relate to the condition of the road surfaces and quality of repair.[13]

3.8.   A survey [14] found that 40% of businesses felt that congestion had an impact on their business and 79% were concerned about increasing congestion in the future. The main congestion hotspots cited were A417 Birdlip/Nettleton Bottom/Air Balloon, Tewkesbury Rd to M5, A40 west of the Severn and between Gloucester and Cheltenham, and the centres of Cheltenham and Gloucester.

3.9.   Access to the internet is increasingly an essential service and 73% of households have this. Adults without internet at home are likely to be over retirement age, have no formal education qualifications or have lower household incomes [15]. Only 37% of lone pensioner households have internet access. Similarly, 55% of people with no qualifications have never used the internet, equating to approximately 15,290 people in Gloucestershire.

4. The measurement of Access to Education, Training and Work

4.1.   The chart below shows the numbers and proportions of the working age population and their employment status. Just over 80% of people aged 16 - 64 are economically active[16] i.e. working, or actively seeking and

---

[13] NHT Satisfaction Survey 2011

[14] Cheltenham and Gloucester Connectivity Study May 2010

[15] ONS 2010

[16] **Economically Active** – Employed or classed as unemployed using the International Labour Organisation (ILO) definition. This includes those who are either out of work but are either actively looking for a job or, are waiting to start a new job in the next two weeks.

available to work. Within this group 17,700 people are currently unemployed.

4.2. There were a total of 69,500 people who were economically inactive[17], of these about 53,500 people (14%) aren't currently looking to work. This will include for example, people who are retired or looking after small children. Another 16,000 people would like a job but are not currently working due to personal circumstances. This includes people on ill-health and carers benefits.

Who wants to work?[18]

4.3. The other measure commonly used is the job seekers allowance claimant rate. In May 2012 this was 10,500 people (2.8%). Over the last year the rate has followed a similar trend and been at a similar level to the South West. It is consistently 1% lower than the national rate.

Claimant Count[19] over the last year
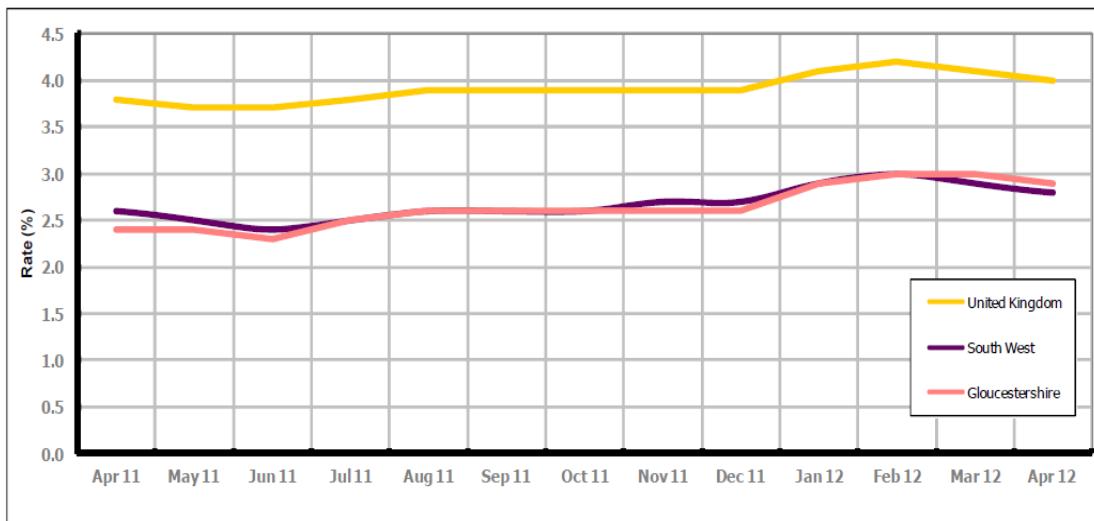
4.4. Some groups of people are more likely to be out of work or have more difficulty getting a job. The large groups are listed below but there are other smaller groups with specific challenges including offenders, people leaving prison, and people with substance mis-use problems. The proportions of people unemployed for six months or more is rising. This is across all age groups including 18 to 24 year olds where historically numbers are very low.

---

[19] Jobseekers Allowance (JSA) claimant count records the number of people claiming JSA and National Insurance credits at Jobcentre Plus local offices. People claiming JSA must declare that they are out of work, capable of, available for and actively seeking work during the week in which the claim is made.

Size of Vulnerable Groups[20]

Vulnerable Group	Number	Comment
Aged 16 – 18 not in education, employment and training	680	Around 4 to 5 % of this age group. Can be broken down into care leavers, young offenders, disabled people and more.
Aged 18 to 24 and unemployed	3,125	30% of all job seekers, proportion steadily rising. 31% unemployed for over 6 months.
People with caring responsibilities claiming carers benefits	3,300	Rising steadily – up 7% this year.
Claiming Employment Support Allowance	18,300	Currently unable to work due to health problems. Stable at 4.8 to 5% of the population for the last 10 years.
Long term unemployed 6 – 12 months	2,500	24% of all unemployed up from 17% a year ago.
Long term unemployed over 12 months	1,900	18% of all unemployed up from 7% a year ago.
People in some geographical areas with rates more than double the average	2,350	Four Gloucester wards, two Cheltenham wards and one each in Stroud and Tewkesbury have claimant rates over 6%.

4.5.   Nationally there is concern about the number of young people unable to find employment. This problem is also evident in Gloucestershire with 30% of unemployed people aged 18 -24. The number of young people unemployed for over six months has risen sharply from 255 in May 2011 to 1090 in May 2012.

---

[20] Source: ONS Claimant Count/DWP Benefit Claimants April 2012

Trends in Unemployment for 18 to 24 year olds
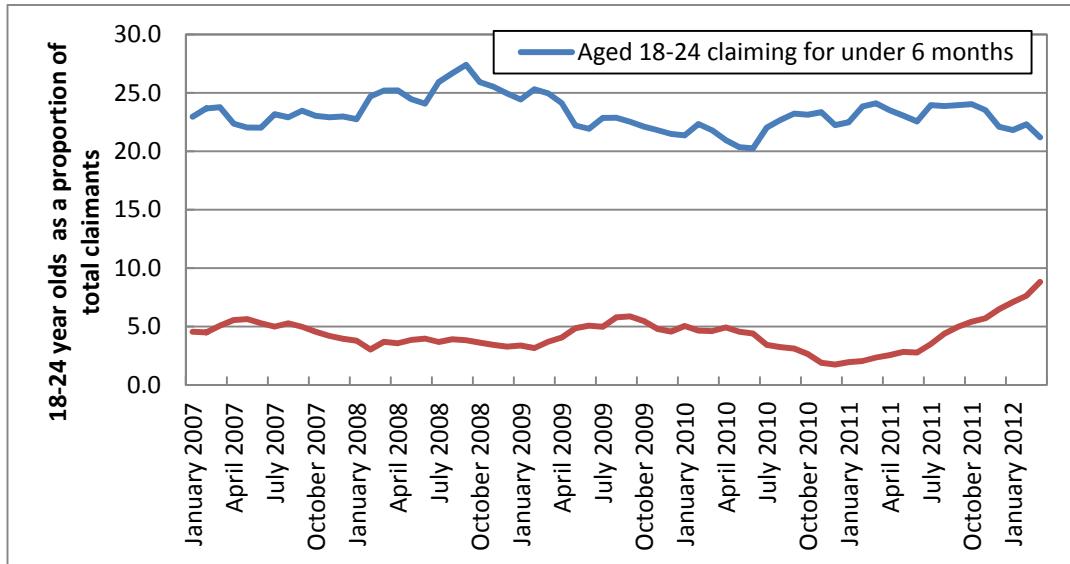
4.6. Over time, the demand for labour and the supply of labour follow different trends. Currently demand is higher than supply. This is predicted to swap from around 2017 to 2023, and then move back again. This has implications for people seeking work in the future and for workforce planning.

Gloucestershire Labour Market Forecast
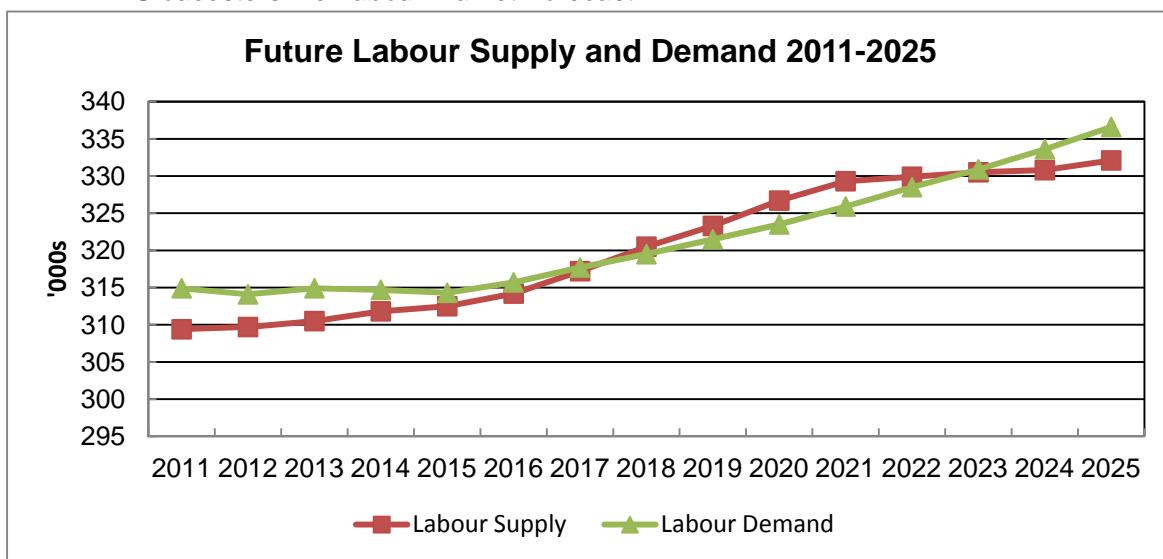
4.7. It is important that people's skills match the jobs available. In the National Employer Skills Survey, 20% of employers in Gloucestershire reported a skills gap. Also 13% of staff were considered by their employer not to be fully proficient. This is the largest proportion in the South West and a clear

indication of the need for further training in specific skills related to employment.

4.8.   One area where skills for work are being developed is apprenticeships. Here learning is very focused on employer needs. There is a steady rise in the number of apprenticeships started each year – over 4,000 were started in 2010/11. This has doubled in three years.

5. Access to Education, Training and Work – Commissioning Opportunities

5.1.   The main opportunities for improvement are in removing barriers for people in the vulnerable groups. The route to work can be shown as five stages where interventions are possible.

5.2.   *Opportunities* – for training and work need to be available for people to access. This relies on attracting and retaining employers and supporting business growth. Initiatives such as apprenticeships directly create opportunities.

5.3.   *Motivation and Aspiration* – is needed before people take up opportunities. Some groups benefit from help to realise their potential. Example groups are people who have been unemployed for a long time, disabled people and people with less experience of learning. National policies also affect financial motivation. Significant welfare reform is happening nationally with the introduction of Universal Credit from October 2013. A stated aim is to make it easier financially to move from benefits to work. Another example is lone parents of children aged 5 or over being moved from Income Support to Job Seekers Allowance from May 2012 and being given advice on job seeking.

5.4.   *Awareness* – Once motivated people need to know what is available. Some of this support is provided through Job Centres, although access to these is difficult in rural areas. A new National Careers Service was launched in April 2012, which will provide support for all ages. Specific sessions of face-to-face support are available for target groups including people with low skills, aged 18 to 24, people facing redundancy, those on out of work benefits, disabled people and offenders.

5.5.   *Support* to access. To access work people may need support for example childcare or funding for training. Lone parents being helped into work can refuse if no childcare is available. Youth Start up Loans are being introduced for 18-24 year olds with their own business ideas. This is also where employers with flexible working policies can help.

5.6. *Connections* – The final stage is to help people travel to the work or training opportunity. Bus services are already being re-designed with this as a priority. Alternatively access using technology e.g. on-line learning, working at home needs to be available. Initiatives such as the improvement to broadband in rural areas support this. (See Section 2).

Key Points

- Access to essential services is generally good but there are difficulties in rural areas if people don't have access to private transport. There will be a challenge to maintain access as services are redesigned.

- Services are increasingly provided on-line and national research suggests that a new digital divide is emerging where the people with poor access are those who are not on-line. 55% of people with no qualifications have never used the internet and on-line access in lone pensioner households is low.

- Access to education, training and work is generally good, but some groups are vulnerable and face barriers.

- Although unemployment is comparatively low in Gloucestershire, across all age groups long term unemployment is increasing and now accounts for 42% of all unemployment.

- As well as the 10,500 people in Gloucestershire claiming Job Seekers Allowance a further 23,200 would like to work if they had the opportunity or personal circumstances allowed it.

- Unemployment among people aged18 -25 is rising sharply. The number of young people out of work for six months or more has risen from 255 to 1090 in the last year.

- People in work don't always have the skills and experience that their employers require and 13% of staff are reported by employers not to be fully proficient.

- National initiatives in the next year with moves to Universal Credit and the start of the National Careers Service will need monitoring for local impact.

Section 5 - People live healthy lives as free as possible from disability or limiting long term illness

Introduction

1. National context

1.1. Across the country there is an increasing recognition that improving the health of all and reducing health inequalities requires new approaches. This is reinforced by a number of national drivers such as the Marmot Review, the various Department of Health outcome frameworks and the Think Local Act Personal partnership. Key themes are:

- Early intervention in vulnerable children's lives and support to their parents generally produces better outcomes and is more cost-effective than dealing with the consequences later.

- Health inequalities reflect wider social inequalities.

- We need to provide improved support so that people with health and lifestyle problems are better able to live independently in the community and rely less on increasingly unaffordable institutional solutions.

- The public sector cannot do this alone and partnership with the local community, voluntary sector and others is vital.

Life expectancy

2. Length and quality of life

2.1. Life expectancy for both men and women in Gloucestershire is above the national average as are the falling rates of early death from the major diseases like cancer, heart disease and strokes. However, too many people in the county die earlier than they should.

2.2. The following graph demonstrates improving life expectancy and gender difference in the county[21].

---

[21] ONS 2011

Life Expectancy at Birth: England and Gloucestershire
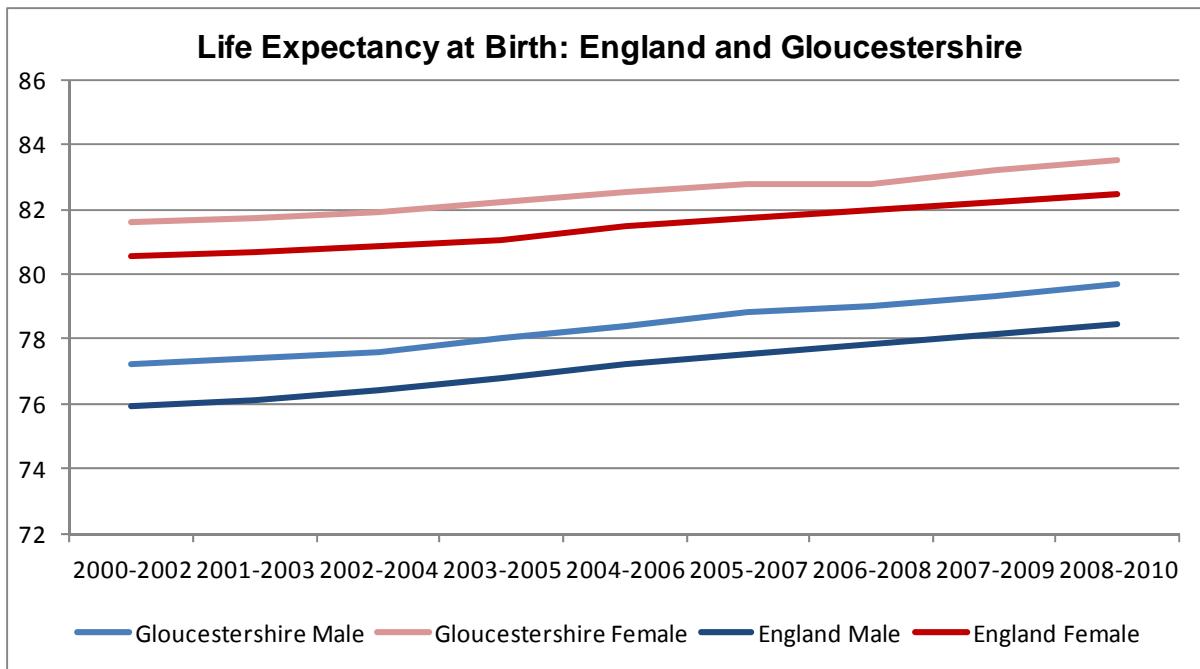
Within the county there is substantial variation between districts. The greatest life expectancy at birth is 84.4 years for females in Cheltenham which is almost six and a half years greater than that for males born in Gloucester. Only in Gloucester is life expectancy for either males or females below the England average.

Life Expectancy: Gloucestershire & Districts
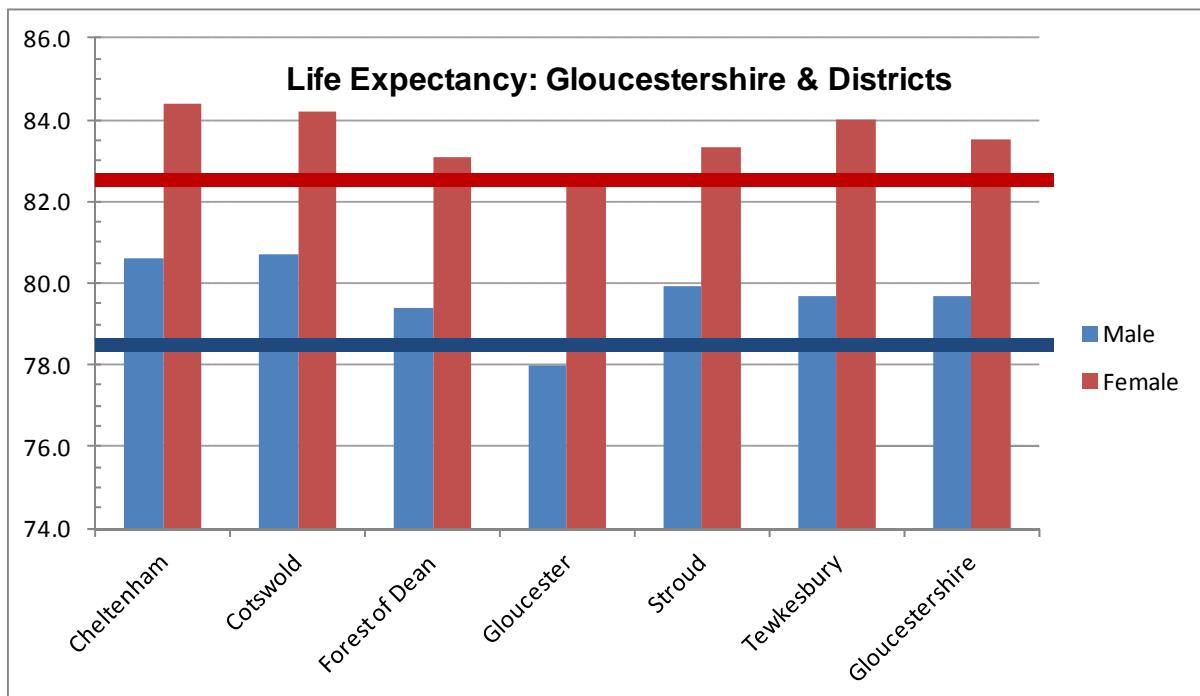
2.3.   A more important measure for most people, though, would be healthy life expectancy which defines healthy life as 'years in good or fairly good self-perceived general health'. Healthy life expectancy at birth varies from 68.9

years for Gloucester males to 76.7 years for Cotswold females (2001 census). For providers of adult care services healthy life expectancy at 65 is an even more important measure. This ranges from 12.6 years for Gloucester males to 16.7 years for Cotswold females.

2.4.   This rest of this chapter addresses some of those factors that can affect length and quality of life, particularly in early years, and the need for support to keep people as healthy and independent as desired from birth to death.

Childhood

3. Low birth weight

3.1.   Low birth weight is an enduring aspect of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life. The major risk factors from a public health perspective are smoking and poor nutrition[22]. Low birth weight is used here to describe a weight of less than 2500 g (up to and including 2499 g), irrespective of gestational age[23].

3.2.   The following table shows the rate per 1,000 live births of low birth weight babies, broken down by district, with the overall county rate for comparison[24].

Area	Low birth weight babies per 1,000 live births 2009/10
Cheltenham	61.4
Cotswolds	37.1
Forest of Dean	59.0
Gloucester	80.6
Stroud	44.4
Tewkesbury	54.2
Gloucestershire	*60.3*

3.3.   When compared with the district figures for previous years, there appears to be no firm pattern in the district trends at the current time. Further years'

---

[22] http://www.nice.org.uk/niceMedia/documents/low_birth_weight_evidence_briefing.pdf Retrieved on 08/May/2012.

[23] http://apps.who.int/classifications/icd10/browse/2010/en#/P07.1 Retrieved on 08/May/2012.

[24] Gloucestershire eJSNA toolkit v4.1

data are required to establish any clear trends at a district level. The rates for the county as a whole appear to be decreasing from 2006/07 to 2009/10[25].

3.4. As previously mentioned, one of the risk factors for having a low birth weight baby is smoking. This could be either the mother-to-be smoking, or through exposure to smoke from others. Maternal smoking also has other impacts on the health of children and young people throughout their lives.

4. Maternal smoking

4.1. In Gloucestershire, there is a clear link between deprivation and the mother-to-be being a smoker at the time of their first official antenatal appointment (known as 'time of booking', around 10-12 weeks into pregnancy), with the mothers-to-be living in areas of greater deprivation more likely to smoke than those in less deprived areas. The graph below shows this breakdown:
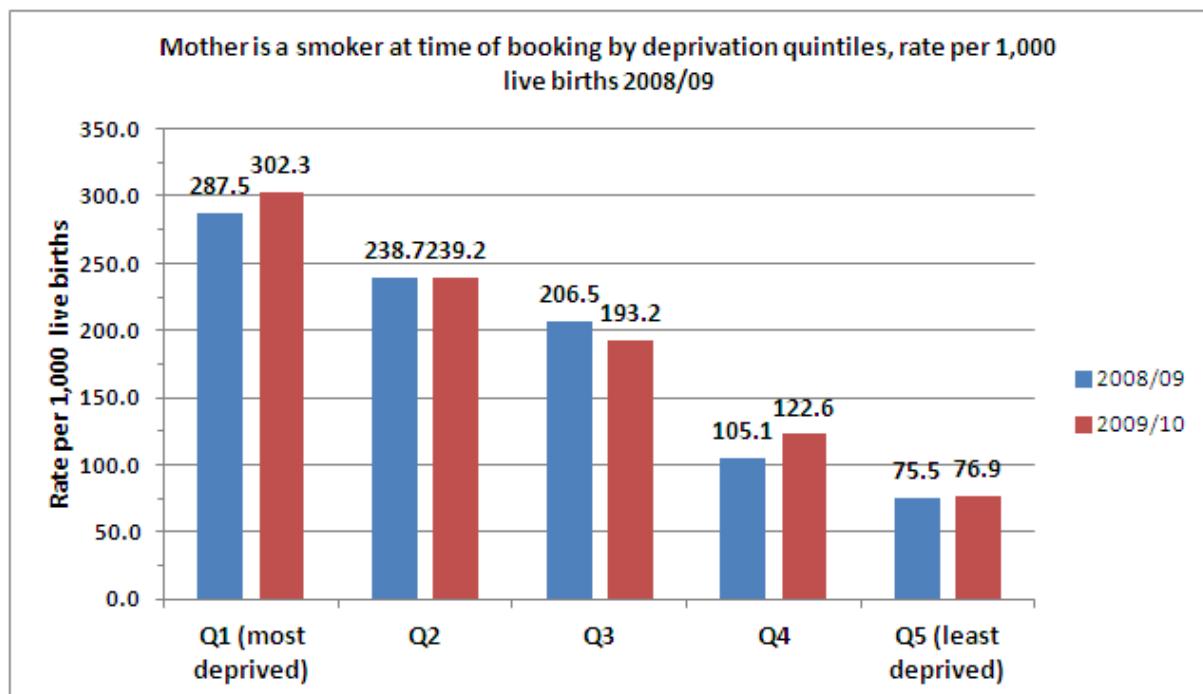
5. Infant mortality

5.1. Infant mortality is defined as the death of a child under one year of age. The number of infant deaths across the county is relatively small, and when this is broken down into district numbers, smaller still. As a result of

---

[25] *Ibid.*

this the differences between the district rates may not be statistically significant.

5.2. The following table shows the average number of infant deaths per year 2007-2009 as a pooled rate per 1,000 live births[26]. This is broken down by district followed by a county and national figure.

Area	Infant deaths per 1,000 live births
Cheltenham	2.4
Cotswold	1.8
Forest of Dean	3.7
Gloucester	5.3
Stroud	4.2
Tewkesbury	5.4
Gloucestershire	3.7
England	4.7

5.3. Deprivation has been shown to have links to infant mortality. The number and proportion of all infant deaths would potentially be reduced if all levels of deprivation were reduced to that of the least deprived group. It is estimated that one quarter of all infant deaths would potentially be avoided if deprivation levels were reduced in this way[27].

6. Uptake of breastfeeding

6.1. Breast milk gives babies all the nutrients they need for the first six months of life and helps protect them from infection and diseases. It also reduces mothers' chances of getting certain diseases later in life[28]. As such, the more babies that are breastfed, the better the health outcomes in general for infants.

6.2. The following table shows a breakdown by district of the rates of initiation of breastfeeding compared to the county rate[29].

---

[26] Gloucestershire eJSNA toolkit v4.1.

[27] Multivariate analysis of infant death in England and Wales in 2005–06, with focus on socio-economic status and deprivation. http://www.ons.gov.uk/ons/rel/hsq/health-statistics-quarterly/no--42--summer-2009/multivariate-analysis-of-infant-death-in-england-and-wales-in-2005-06--with-focus-on-socio-economic-status-and-deprivation.pdf Retrieved on 14/May/2012.

[28] http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/why-breastfeed.aspx Retrieved on 08/May/2012.

[29] Gloucestershire eJSNA toolkit v4.1

Area	Breastfeeding initiation per 1,000 live births 2009/10
Cheltenham	703.2
Cotswold	782.9
Forest of Dean	624.8
Gloucester	619.7
Stroud	693.1
Tewkesbury	700.7
Gloucestershire	676.9

6.3. There is a difference of around 163 per 1,000 mothers initiating breastfeeding between the highest and lowest rates in the county (Cotswold and Gloucester respectively). This is an increased gap over the figures for the previous reporting year (a difference of 152 per 1,000 in 2008/09).

6.4. Cheltenham and Forest of Dean have shown a decrease of approximately 20 per 1,000 mothers initiating breastfeeding since last year. The other four districts have seen an increase in the rate, with the overall county rate showing a slight increase (from 672.3 to 676.9).

6.5. The following chart shows the rates per 1,000 live births of the initiation of breastfeeding broken down by deprivation quintiles[30].

---

[30] Gloucestershire Public Health Information Unit. (Includes babies initially breast fed. Does not include babies fed by a combination of breast and bottle.)

Breast feeding initiation by deprivation quintiles rate per 1,000 live births 2008 - 10
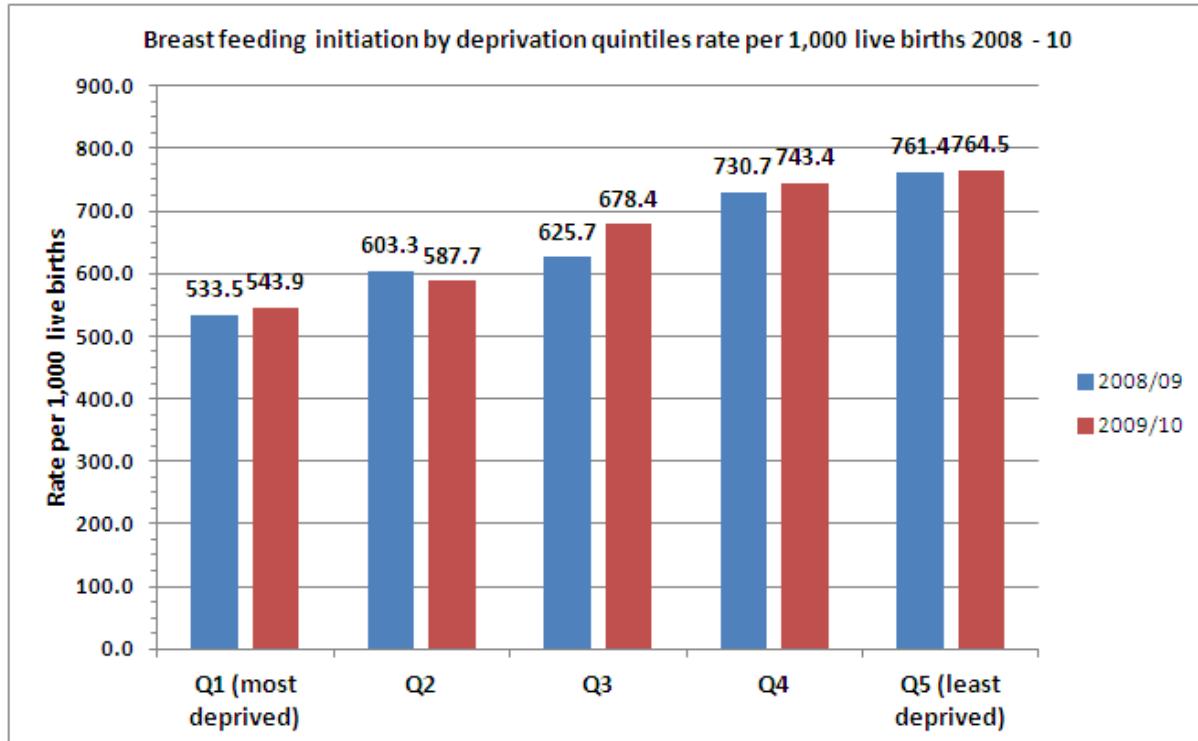
6.6. The rates of breastfeeding initiation decrease as deprivation increases. The most deprived quintile has an initiation rate of about 221 per 1,000 less than the least deprived quintile. This indicates a need to target areas of greater deprivation in particular to increase initiation of breastfeeding rates.

6.7. The following table shows the percentage of infants being breastfed at 6 – 8 weeks, as well as the percentage for whom breastfeeding status is recorded[31], giving an indication of coverage.

	2007/08	2008/09	2009/10	2010/11
Infants being breastfed at 6 – 8 weeks.	36.6%	34.4%	46.3%	48.9%
Infants for whom breastfeeding status is recorded.	74.0%	85.0%	96.5%	100.0%

7. Immunisation

7.1. Immunisation is a way of protecting children against serious disease. Once children have been immunised their bodies can fight those diseases if they come into contact with them. If a child is not immunised they will be at risk

---

[31] Child Health Information System, as recorded on P+. Retrieved on 23/Aug/2011. 2011/12 data are not available as at 08/May/2012.

from catching the disease and will rely on other people immunising their children to avoid becoming infected. If more people choose not to immunise their children, then the number of children at risk of catching a disease will increase and outbreaks of the disease will occur.

7.2.   There will always be some children who are left unprotected because:

- they cannot be immunised for medical reasons
- they are too young to be immunised
- they cannot get to the vaccine services
- for a few, the vaccine doesn't work.

7.3.   Children should be immunised against: diphtheria, tetanus, and pertussis (whooping cough) (DTaP); polio (IPV); Haemophilus influenzae type b (Hib); as well as meningitis C, and pneumococcal disease by their first birthday. The table below gives details of the uptake of these immunisations.

Percentage of children immunised by their first birthday 2010/11[32]

Area	DTaP / IPV / Hib	Meningitis C	Pneumococcal disease (PCV)
Gloucestershire PCT	96.2%	95.9%	96.2%
South West	94.6%	94.2%	94.5%
England	94.2%	93.4%	93.6%

7.4.   These percentages are broadly in line with the immunisation statistics from last year, indeed the Gloucestershire figures show a slight increase. World Health Organisation (WHO) recommendations are that at least 95% immunisation rate is reached[33].

7.5.   Children should be immunised against measles, mumps, and rubella (MMR) by their second birthday, as well as a PCV booster at 13 months. The table below gives these uptake details.

---

[32] http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/immunisation/nhs-immunisation-statistics-england-2010-11 Retrieved on 14/May/2012.
[33] http://www.ic.nhs.uk/news-and-events/news/increase-in-mmr-vaccination-coverage-in-england-report-shows-but-child-immunisation-levels-are-still-lower-than-the-rest-of-the-uk Retrieved on 14/May/2012.

Percentage of children immunised by their second birthday 2010/11[34]

Area	DTaP / IPV / Hib	Meningitis C	Pneumococcal disease (PCV)	MMR
Gloucestershire PCT	96.4%	97.5%	94.8%	94.3%
South West	96.7%	95.9%	90.1%	89.6%
England	96.0%	94.8%	89.3%	89.1%

7.6. Gloucestershire is performing well in comparison to regional and national figures, and has seen increase in uptake proportions. It is important that these trends are continued.

7.7. By their fifth birthday, children should have received their primary and booster immunisations. The following table shows the uptake of immunisations by a child's fifth birthday.

Percentage of children immunised by their fifth birthday 2010/11[35]

Area	DTaP / IPV booster	MMR first dose	MMR first & second dose
Gloucestershire PCT	91.9%	92.6%	88.2%
South West	89.1%	92.9%	85.3%
England	85.9%	91.9%	84.2%

7.8. There has been an increase locally, (compared to an increase regionally and nationally), in these immunisation rates from the previous year's figures. There is still a need to increase full immunisation uptake.

8. Obesity

8.1. Obesity is linked to a number of diseases and illnesses, and lower life expectancy and increased mortality. National government targets aim, by 2020, to decrease the proportion of overweight and obese children to the same levels as those in 2000.

8.2. As part of this agenda, the National Child Measurement Programme aims to record the height and weight of all children in reception, and year six.

---

[34] http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/immunisation/nhs-immunisation-statistics-england-2010-11 Retrieved on 14/May/2012.
[35] *Ibid.*

The following table shows the figures for the last two years of recorded measurement. Note 'overweight' means 'overweight but not obese'[36].

Proportion of children in reception and year six overweight or obese, in Gloucestershire Primary Care Trust (PCT)[37].

		2009/10 (academic year)		2010/11 (academic year)	
		Overweight	Obese	Overweight	Obese
Reception year	Gloucestershire PCT	14.8%	9.5%	14.2%	9.0%
	England	*13.3%*	*9.8%*	*13.2%*	*9.4%*
Year 6	Gloucestershire PCT	14.4%	15.2%	14.2%	17.7%
	England	*14.6%*	*18.7%*	*14.4%*	*19.0%*

8.3.   The percentage of overweight or obese children compares favourably with the national rates with the exception of pupils in reception, where the proportion of overweight (but not obese) children is slightly higher than the national proportion.

8.4.   Clearly all partners have a role to play in reducing overweight and obesity in children and young people in Gloucestershire, with prevention being better than cure.

9. Under-18 conception rate

9.1.   The rate of under-18 conceptions is recorded, and is showing a reduction in Gloucestershire over time. The following graph shows the trend in under-18 conceptions for the county from 1998 to 2010[38].

---

[36] http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/ncmp%202010-11/NCMP_2010_11_Report.pdf Retrieved on 14/May/2012.
[37] http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/obesity/national-child-measurement-programme-england-2010-11-school-year Retrieved on 14/May/2012.
[38]

http://www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0064898/under-18-and-under-16-conception-statistics Retrieved on 14/May/2012.

Under 18 conception rates - Gloucestershire
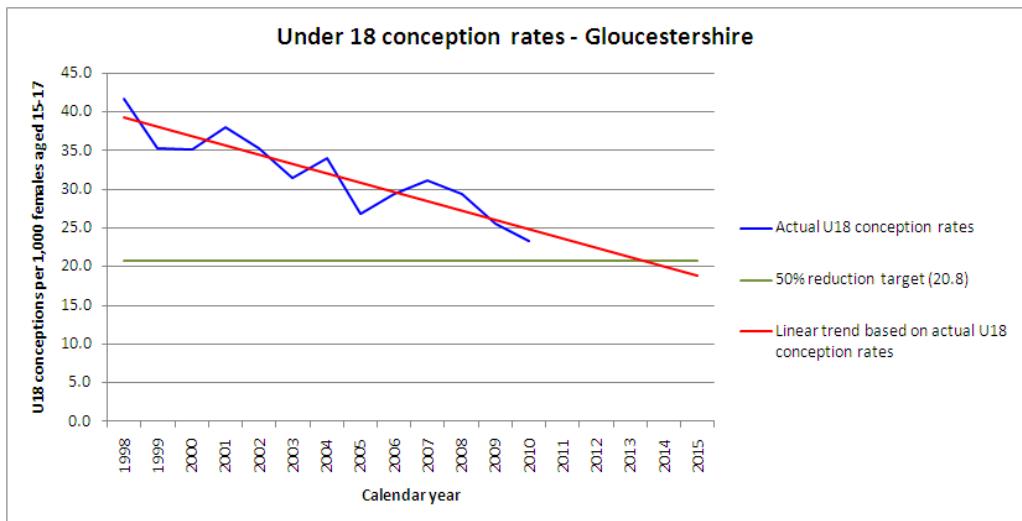
9.2. The Gloucestershire fall in rates compares favourably to national trends, where the under-18 conception rate has fallen between 1998 to 2010 by 24%, in contrast to a fall of 44% in Gloucestershire over the same timescale.

10. Online Pupil Survey

10.1. Information from CYP regarding their health and well-being is gathered every other year in the Online Pupil Survey (OPS). Results from the latest available OPS which took place in 2010 have been reported in previous needs analyses and elsewhere. These results are now dated, so it is deemed prudent to wait until the 2012 OPS results become available to undertake new analysis and report on those results.

10.2. Areas of note that the OPS covers, include:

- Healthy eating

- Physical activity

- Substances

- Sex and relationships

Adulthood

11. Active adulthood

11.1. Eating healthily and exercising sufficiently will increase chances of independent and healthy old age. The large-scale annual Active People Survey provides a number of measures of the extent to which people in Gloucestershire are engaging in sport and exercise. The following table shows that Gloucestershire has demonstrated statistically significant

improvement in 3 of the 7 measures between 2007/08 and 2009/10, including the key NI 8 measure. We are also in the best performing 25% of county councils in 5 of the 7 measures.

Gloucestershire adult activity measures 2007-08 to 2009-10[39].

Measure	2007-08	2008-09	2009-10	2007-08 vs 2009-10	2008-09 vs 2009-10	2009/10 comparison with other county councils
At least 3 sessions x 30 minutes, moderate intensity sport per week (all adults)	15.0%	17.2%	19.3%	Increase	Increase	top 25%
KPI 2 - At least 1 hour of volunteering to support sport per week (all adults)	5.3%	5.3%	4.7%	No Change	No Change	middle 50%
KPI 3 - Member of a sports club (all adults)	23.7%	26.5%	26.8%	Increase	No Change	top 25%
KPI 4 - Received sports tuition or coaching (all adults)	18.8%	18.2%	20.4%	No Change	Increase	top 25%
KPI 5 - Taken part in organised competitive sport (all adults)	15.4%	14.6%	16.2%	No Change	No Change	middle 50%
KPI 6 - Satisfaction with local sports provision (all adults)	67.9%	72.6%	73.2%	Increase	No Change	top 25%
NI8 - At least 3 days x 30 minutes, moderate intensity participation	21.8%	23.0%	27.0%	Increase	Increase	top 25%

11.2. The importance of addressing obesity in childhood was discussed earlier in this chapter. The following graph shows that variation above and below the national and regional averages with the highest levels of obesity in Gloucester and the Forest of Dean.

---

[39] https://www.ipsos-archway.com/apd/main.aspx Retrieved on 17/May/2012.

Gloucestershire district estimated obesity levels 2006-2008[40].

2006-2008 estimated obesity levels

[Bar chart showing % obese adults by district. Values approximately: ENGLAND 24, South West 24.5, Cheltenham 20.5, Cotswold 23, Forest of Dean 28, Gloucester 28, Stroud 24.5, Tewkesbury 24.5]

Legend: % obese adults
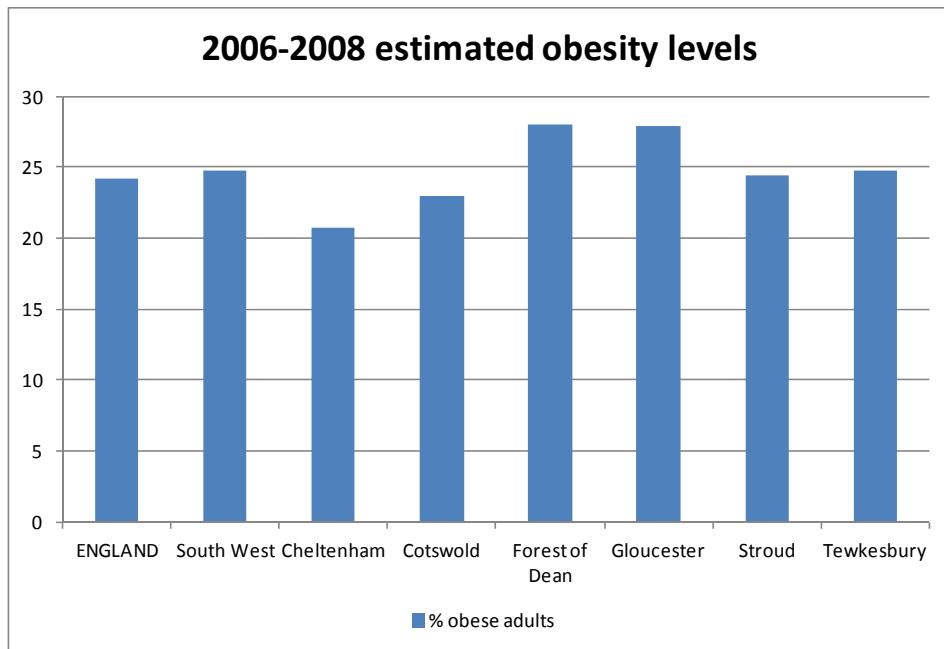
11.3.   In contrast to childhood levels the obesity rate for adults is higher in Gloucestershire than the national average and rose between 2003-2005 and 2006-2008.

---

[40] Health Survey for England 2010.

Gloucestershire, South West and England adult obesity 2003-05 to 2006-08[41].
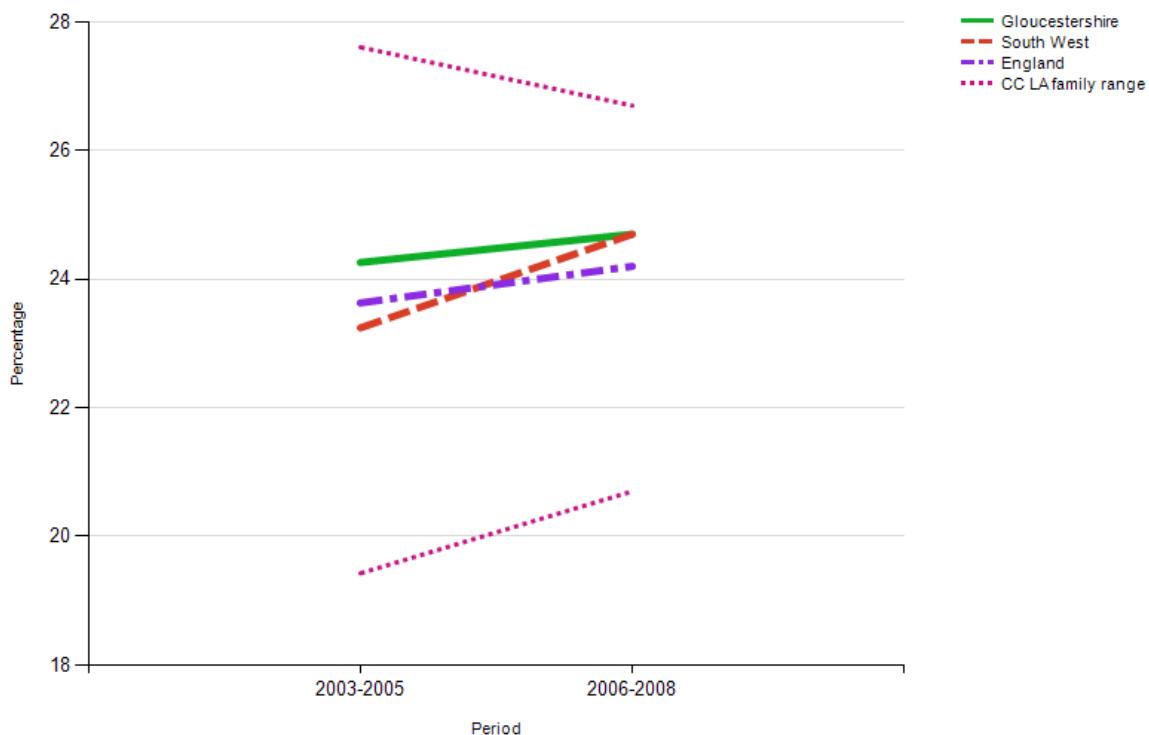
12. Vulnerable people supported in community

12.1.   The importance of supporting a range of vulnerable people in the community is highlighted in Section 7. Here we focus on two of those vulnerable groups – people with drug and alcohol problems. We also look at smokers who, though not a vulnerable group in themselves, are over-represented in many vulnerable groups.

12.2.   In Gloucestershire about 8.6 per 1,000 15-64 year olds are estimated to be problem drug users (using crack and/or opiates) [42]. Whilst better than the national average of 9.41, this is worse than any of our 15 comparator authorities. In 2010 the Government published a new national Drugs Strategy[43].. The strategy's approach to recovery will mean, in Gloucestershire, helping drug users with an emphasis on links with housing, employment and other 'wrap around' services. This reinforces the importance of supporting vulnerable people in the community (through the Supporting People programme in particular).

---

[41] Gloucestershire iJSNA. Retrieved on 12/June/2012
[42] APHO, 2008/09
[43] http://www.homeoffice.gov.uk/drugs/drug-strategy-2010/

12.3. The consequences for health and the wider costs of excessive drinking and smoking are well-established. Data from the Public Heath Observatory provides profiles of how Gloucestershire is performing in these areas.

12.4. The alcohol profile shows Gloucestershire to be performing relatively well compared with the South west region for a number of measures such as alcohol specific mortality, alcohol-related hospital admission and crimes. However, we are significantly worse than both the country and the region for the following two measures:

Gloucestershire alcohol-related indicators where performance relative to Region and England is poor [44].

Indicator	Gloucestershire PCT	National Rank (of 151 PCTs)	Regional Average
Mortality from land transport accidents	2.4	143	1.8
Alcohol treatment - prevalence per 1,000 population	4.8	130	3.2

12.5. The following graph shows how the percentage of adult smokers in Gloucestershire has fallen in recent years. Gloucestershire's 2009/10 outcome of 17.58% ranks us second best amongst our 16 member comparator group.

---

[44] http://www.lape.org.uk/PCTProfile.aspx?reg=q39 Retrieved on 5/June/2012

Gloucestershire, south West and England adult smokers 2003-05 to 2009-10[45].
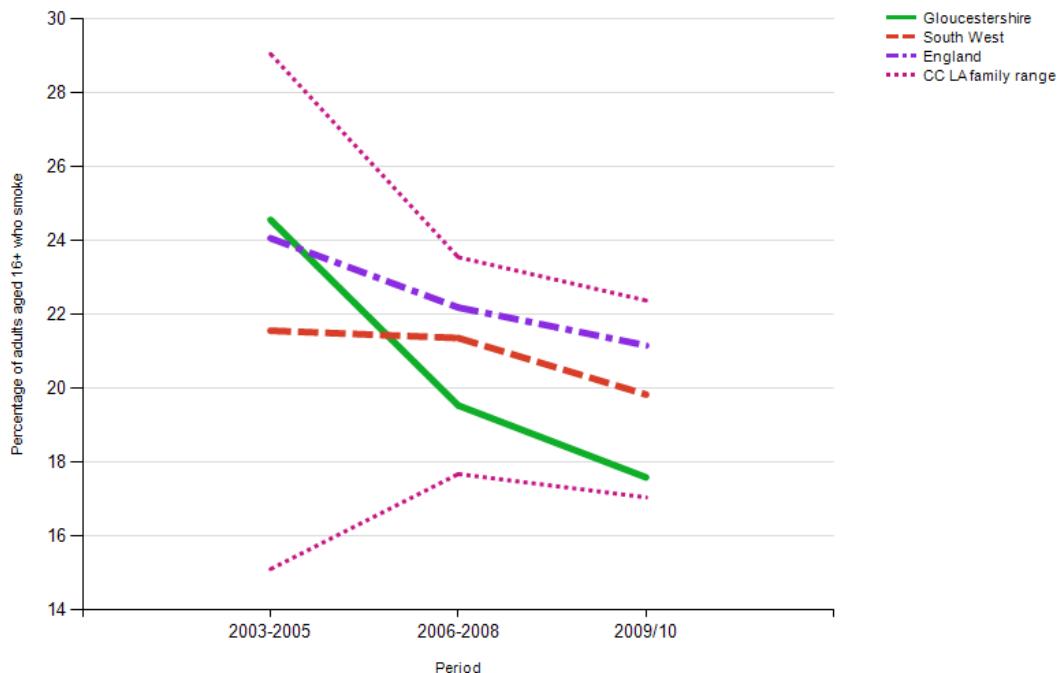
13. Independent old age

13.1.   Quality of life in old age is generally enhanced by the ability to remain independent in an active social environment. The following table shows the projected rise in numbers of older people living alone with a particularly steep rise in those who are over 85 and likeliest to need extra support. An increase in the number of people living alone will be a problem if the required practical and social support is not available.

Projected growth in older people living alone in Gloucestershire 2010 to 2031[46].

Glos age group	2010	2020	2031
65-74	13,100	16,500	19,500
75-84	17,500	22,000	27,700
85+	7,700	9,200	14,500
65+	38,300	47,700	61,700

13.2.   In order to be fully integrated into the local and wider community use of the internet is increasingly important if not essential in some instances. We

---

[45] Gloucestershire iJSNA. Retrieved on 12/June/2012
[46] GCC Strategic Needs Analysis Team 2012

need to assess the extent to which older people can access and have the skills to use it and ensure they have alternatives where this is important.

13.3. Carers play a central role in keeping older people independent in Gloucestershire. According to Carers UK and The Princess Royal Trust for Carers the annual cost of the NHS in 2009/2010 was £98.8 billion yet the economic value of the contribution made by carers in the UK is a remarkable £119 billion per year[47]. This is the equivalent of £2.3 billion per week or £13.6million per hour.

13.4. In this context it is vital that we know as much as possible about who and where carers are and of their needs. The 2011 Census and the 2012 Gloucestershire carer's survey will provide a much better picture when they data becomes available this year and next.

13.5. Finally, research shows that the majority of people want to die at home and if this is not possible, then in a residential care home rather than hospital. The National End of Life Care Intelligence Network profile for Gloucestershire PCT shows that the county appears to perform well in this respect with 23.5% of people dying in their own home, significantly above the national average of 20.3%[48]

---

[47] Valuing Carers 2011
http://www.carersuk.org/media/k2/attachments/Valuing_carers_2011___Carers_UK.pdf
[48] http://www.endoflifecare-
intelligence.org.uk/end_of_life_care_profiles/primary_care_trust_profiles.aspx Retrieved 7/June/2012

Key Points

- Generally speaking, Gloucestershire is a healthy place to live relative to England as a whole and we are improving on most measures. However, there are significant health gaps that frequently reflect wider social inequalities between different parts of the county.

- Life expectancy at birth and at healthy life expectancy both show considerable variation by gender and District.

- The low birth weight rate for the county as a whole appears to be decreasing between 2006/07 to 2009/10.

- In Gloucestershire, there is a clear link between deprivation and mothers-to-be being a smoker at the time of booking, with those living in areas of greater deprivation more likely to smoke than those in less deprived areas.

- The difference between the highest and lowest district rates of mothers initiating breastfeeding (Cotswold and Gloucester respectively), is large and getting larger. In Gloucestershire, the rates of breastfeeding initiation decrease as deprivation increases.

- For childhood immunisation, Gloucestershire is performing well on the whole.

- The percentage of overweight or obese children compares favourably with the national rates with the exception of pupils in reception. Adults tend to be more obese than the national average.

- The rate of under-18 conceptions is showing a steady downward trend over time in Gloucestershire.

- Gloucestershire appears to have made good progress in increasing levels of exercise and participation in sport since 2007-08.

- Gloucestershire has a high level of problem drug users compared with comparator authorities.

- As increasing numbers of vulnerable people move into more independent settings it is important that there is adequate support for them. This is particularly true for older people (85+) living alone whose numbers are expected to rise by about 25% in the next ten years.

Section 6 - All young people reach adulthood with the skills and self-confidence they need to live successful lives and make a positive contribution to the economy of the county.

Successful lives and contribution to the economy

1. Successful lives

1.1.   Major factors in enjoying a successful life include independence and the ability to make meaningful choices in life. Education and training, leading to young people acquiring recognised qualifications, is important in improving the chance of leading a successful life. But in the current environment, with high youth unemployment and significant structural changes in the nature of work, it is increasingly important for young people to acquire a range of personal skills which will give them the confidence, flexibility and resilience to respond effectively to changes in both working and personal lives, and help them take advantage of available opportunities. These include:

- Good discipline and a positive attitude to life

- Good interpersonal and communication skills, and the ability to work as part of a team.

- A healthy lifestyle: eating well, exercising, and avoiding risky behaviours such as alcohol or substance abuse.

- Being prepared to be lifelong learners, ready to study and gain new skills and knowledge on a regular basis.

- Ability to manage money wisely.

1.2.   All young people will be helped in achieving these objectives by high quality early years services, good schools, well timed and objective career and study guidance, high quality work experience, and job seeking training. Disadvantaged young people are likely to require more support in achieving these objectives. Early identification and intervention, where children and young people are in danger of becoming vulnerable, has been shown to result in the best outcomes.

1.3.   Young people who are vulnerable include those who:

- Are in need of protection

- Are looked after

- Are disabled or have learning difficulties

- Have poor physical, mental or emotional health

- Suffer from socio-economic deprivation

- Are young carers

- Are alcohol or substance abusers

- Are teenage mothers

- Are young offenders

- Are members of some minority ethnic groups

- Have a first language other than English

- Have poor prior attainment as they progress through school

- Are excluded from school or have poor attendance

- Are not in education, employment or training when sixteen to eighteen years old (NEET).

1.4.   Please see Section 1 for information on the overall number of children and young people in Gloucestershire to put the numbers of vulnerable and potentially vulnerable young people in context.

1.5.   The table below gives the most recent number of young people in each vulnerable group, where known. Young people may be in more than one group. The school population covers pupils of statutory school age only, and includes some non Gloucestershire resident pupils. Eligibility for free school meals is used as a proxy for deprivation and Special Educational Needs (SEN) for disability and learning difficulties.

Which children and young people	How many (to nearest 5)	When	5 year trend	% change
Gloucestershire residents				
With a child protection plan	315	31/03/11	⇧	+50%
In care	485	31/03/11	⇧	+21%
In need	4,220	31/03/11	⇧ (2 yrs)	+69%
Under 18 conceptions: total	260	2010	⇩	-31%
leading to abortions	145	2010	⇩	-26%
First time entrants Youth Justice System	315	2010/11	⇩	-73%
NEET	685	Mar 2012	⇧	+5%
Teenagers claiming JSA	1,135	Mar 2012	⇧	+51%

Which children and young people	How many (to nearest 5)	When	5 year trend	% change
In Gloucestershire schools				
Eligible for free school meals	7,795	20/01/12	⇧	+29%
SEN: all SEN	13,430	20/01/12	⇩	-6%
with a statement	2,025	20/01/12	⇧	+3%
Minority ethnic groups	7,810	20/01/12	⇧	+3%
First language other than English	2,965	20/01/12	⇧	+50%
Persistent absentees (15% absence)	4,205	2010/11	NA	NA
Permanently excluded	80	2010/11	⇩	-38%
Receiving fixed period exclusions	1,680	2010/11	⇩	-36%
Year 11 pupils - low KS2 attainment	1,450	2011/12	⇩	-18%
Year 6 pupils – low KS1 attainment	975	2011/12	⇩	-6%

Note that, prior to 2011, some pupils' ethnic origins were miscategorised noticeably inflating the number of pupils from minority ethnic groups. As a result, the true increase is likely to be larger than indicated.

1.6. Free school meals (FSM) is a passported benefit. All children whose parents are in receipt of certain benefits are potentially eligible. The introduction of Universal Credit (UC) from 2013 will remove these assessment criteria. The Department for Education is currently considering ways of integrating UC and FSM. As a result, there may changes to the number and distribution of eligible pupils, and, consequently, in the allocation of Pupil Premium to schools.

1.7. Please see Section 5 for information on health issues affecting children and young people.

2. The needs of the Gloucestershire economy

2.1. Despite the fact that Britain's economy fell into a second recession since 2009 and economists expect only a modest improvement through 2012, the economy of Gloucestershire will need to maintain its competitiveness and consequent high standard of living in the county. To achieve this will involve the continued development of its diverse industrial activity and associated relatively highly skilled workforce as well as encouraging more innovative enterprises into the county.

2.2. The key and emerging/growth sectors[49] of the Gloucestershire economy include Advanced engineering/Manufacturing, ICT, Leisure & Tourism,

---

[49] **Key /Growth sectors** - those activities selected from the broad industrial sectors mentioned in Section 2 that are considered as major sources of employment and/or productivity, are special to the area or offer significant growth opportunities for the future.

Business and Professional services, Creative Industries, Environmental Technologies and Care Services.

2.3. Growth sectors are based on either present good performance or the inevitable demand from burgeoning new technologies. They include the looming nuclear demand and those high-tech manufacturing activities, both in aerospace and precision and medical instruments that, despite a projected decline in the number of employees in the Advanced engineering sector as a whole, are locally strong and have been performing well.

2.4. Other growth sectors are the Creative industries in terms of digital media supported by an improved Broadband capability in the county, Environmental technologies relating to the low carbon sector demand and Care activities in response to the needs of an ageing population.

2.5. There is also pressure to remain competitive in the Business service aspect of the knowledge economy that will create the potential to further develop, sell and export expertise and/or information.

2.6. Although some of these sectors may be declining in terms of employment, they are nevertheless important sectors for Gloucestershire in terms of the proportion of the workforce they utilise. Apart from the Construction, and Business & Professional sectors, all the key sectors are above average in terms of share in employment. Care, Business and Professional, Leisure and Tourism, and Manufacturing are the largest key sectors as shown in the chart below.

Key sector employment as a % of total employment

% of total employment

	Gloucestershire	Great Britain

Employment = employees + working proprietors. Working Proprietors are sole traders, sole proprietors, partners and directors.

- Care: 12.5 / 12.8
- Business & Professional: 11.4 / 12.7
- Leisure & Tourism: 10.7 / 9.1
- Manufacturing: 9.2 / 7.4
- Construction: 4.6 / 4.9
- Advanced engineering: 3.1 / 1.3
- ICT: 2.4 / 2.2

Source: Business Register and Employment Service, ONS Crown Copyright Reserved (Nomis)

2.7.   In terms of productivity, the Manufacturing and Advanced engineering sectors have above average output and the Business & Professional services sector, although slightly below average, is the most productive sector of the key sectors as shown in the chart below.

Comparison of productivity in the key sectors

Key sector GVA as a % of total GVA
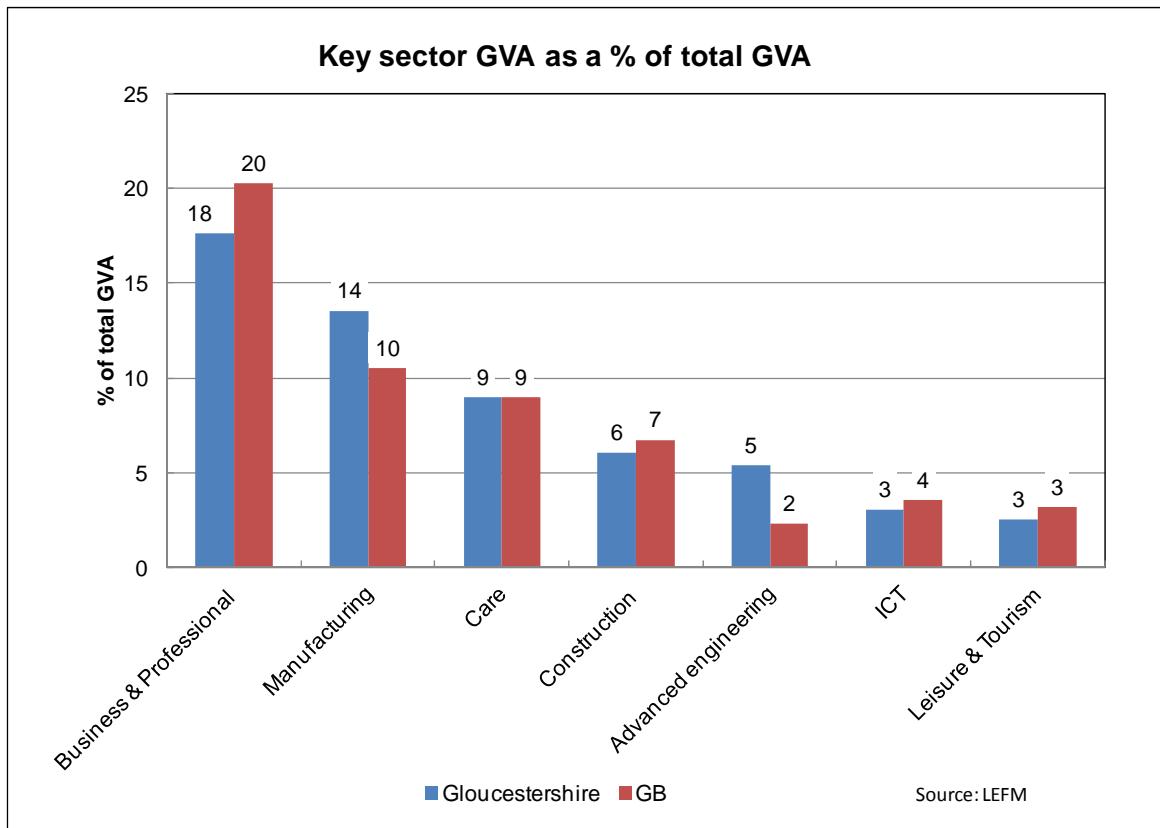
2.8.   Results from the biennial 2009 National Employer Skills Survey show that almost a quarter of employers had recruited at least one person under the age of 24 yrs old to their first job. This is comparable with the England average and slightly below the South West average. However, of those companies who in 2008 had recruited a sixteen year old direct from school over a fifth found they were poorly prepared for work.

2.9.   Despite the country being in recession the number of unemployment benefit claimants in the county has shown a decrease over the last two months with the present rate of 2.9% comparing favourably to the national average of 4.0%. Employment in the long term is set to grow albeit slowly, averaging about 0.5% per annum which is less than the regional forecast of 0.8% and national figure of 0.6%.

2.10.   Gloucestershire's economy appears to be coping with the recession and offers a healthy demand for labour across a range of sectors. There are, however, particular issues that relate to young people including the increasing number who are long term unemployed, and the preparedness of young people for work. Also see Section 4.

3. Education and training

3.1. Pupils in Gloucestershire schools and Further Education (FE) colleges generally do well when results at the end of each key stage are compared with other local authorities. But there are some groups of young people who do not do as well, or may not be achieving the levels that would be expected. Young people in the former group are in danger of falling further behind as they progress through their school lives, and of leaving education or training without the qualifications and skills they might need to pursue successful lives as adults. Others may not achieve their full potential, limiting their future choices.

3.2. At the end of the Early Years Foundation Stage (school Reception Classes) the proportion of pupils reaching a good overall level of development is in line with the national average, but is static, whilst the national figure is improving year on year.

3.3. Pupils do well at the end of Key Stage 1 (KS1) with outcomes in the top quartile nationally in the three core subjects, English, mathematics and science.

3.4. At the end of Key Stage 2 (KS2) results are still good. In 2011, 78 percent of pupils achieved the expected level in both English and mathematics, four percentage points higher than the national level, and ranking 21st amongst English local authorities. But, compared to estimates based on prior attainment and a number of contextual factors, over the last three years, these results have been lower than expected. This is particularly the case for pupils with middle and lower outcomes at KS1, and with SEN at the School Action stage.

3.5. Key Stage 4 (KS4) is the final stage of compulsory schooling. Pupils will mainly be pursuing courses of study at Level 1 and Level 2, GCSE and equivalent qualifications, in the 39 secondary schools in the county. Most pupils will be fifteen at the start of their final year.

3.6. Nearly 7,000 pupils were entered for almost 72,000 qualifications in 2011. 58,000 of these were GCSEs or GCEs. Over 70,000 were successfully completed. Entries and results for each subject area, covering all qualification types except Entry Level and graded exams, are given in the table below.

Subject Group	Entries		Passes	
	Number	% of total	Number	Percent
Art & Design	2,598	3.6	2,591	99.7
Business/Commerce Studies/ICT	5,603	7.8	5,378	96.0
Design & Technology	3,201	4.5	3,162	98.8
English	13,054	18.2	12,963	99.3
Expressive Arts/Drama/Film/TV	2,499	3.5	2,481	99.3
Humanities/Social/Classical Studies	11,337	15.8	11,131	98.2
Life Skills	1,018	1.4	994	97.6
Mathematics	9,023	12.6	8,686	96.3
Modern Foreign Languages	4,873	6.8	4,607	94.5
Science & Engineering	13,799	19.2	13,771	99.8
Sports/PE Studies	2,710	3.8	2,708	99.9
Unclassified	535	0.7	490	91.6
Vocational	1,538	2.1	1,526	99.2
Grand Total	71,788		70,488	98.2

3.7. If five or more passes at any grade, including English and maths GCSEs, is considered to be a basic foundation for life after age 16, in 2011, Gloucestershire ranked 40th out of 152 local authorities in England with 94.9 percent of pupils reaching this level. Considering this outcome over the last three years in relation to the results of these pupils at previous key stages and a number of relevant contextual factors indicates that they were below expectation for most groups of pupils.

3.8. Of the pupils who did not reach this level:

- 64 percent were boys

- 77 percent had SEN

- 36 percent were eligible for FSM

- 14 percent were from minority ethnic groups

- 3 percent had a first language other than English.

Pupils may be in more than one of these groups.

17 percent of pupils without GCSE English and mathematics had achieved Basic or Key Skill qualifications in Literacy, 16 percent in Numeracy and 12 percent in both.

3.9. At higher outcome levels, five or more good GCSE or equivalent passes including English and mathematics GCSEs, results for Gloucestershire schools are good. With 62.9 percent of pupils achieving this measure in 2011, the county ranked 29th nationally. However, looking at these outcomes in relation to the prior attainment of pupils and contextual

factors, as at Key Stage 2, they were below expectation. This was particularly the case for boys, girls with lower outcomes at Key Stage 2, pupils eligible for FSM, and those with SEN. Also, there are larger gaps between the outcomes for pupils who were eligible for free school meals, had SEN and some minority ethnic groups, and their peers, than in many other authorities.

3.10. Outcomes for Children Looked After are poor in Gloucestershire.

3.11. Outcomes by district of pupil residence for a number of measures are given in the chart below.

Key Stage 4 outcomes 2011 - county and districts

Source: DfE Statistical First Release GCSE and Equivalent Attainment by Pupil Characteristics in England, 2010/11
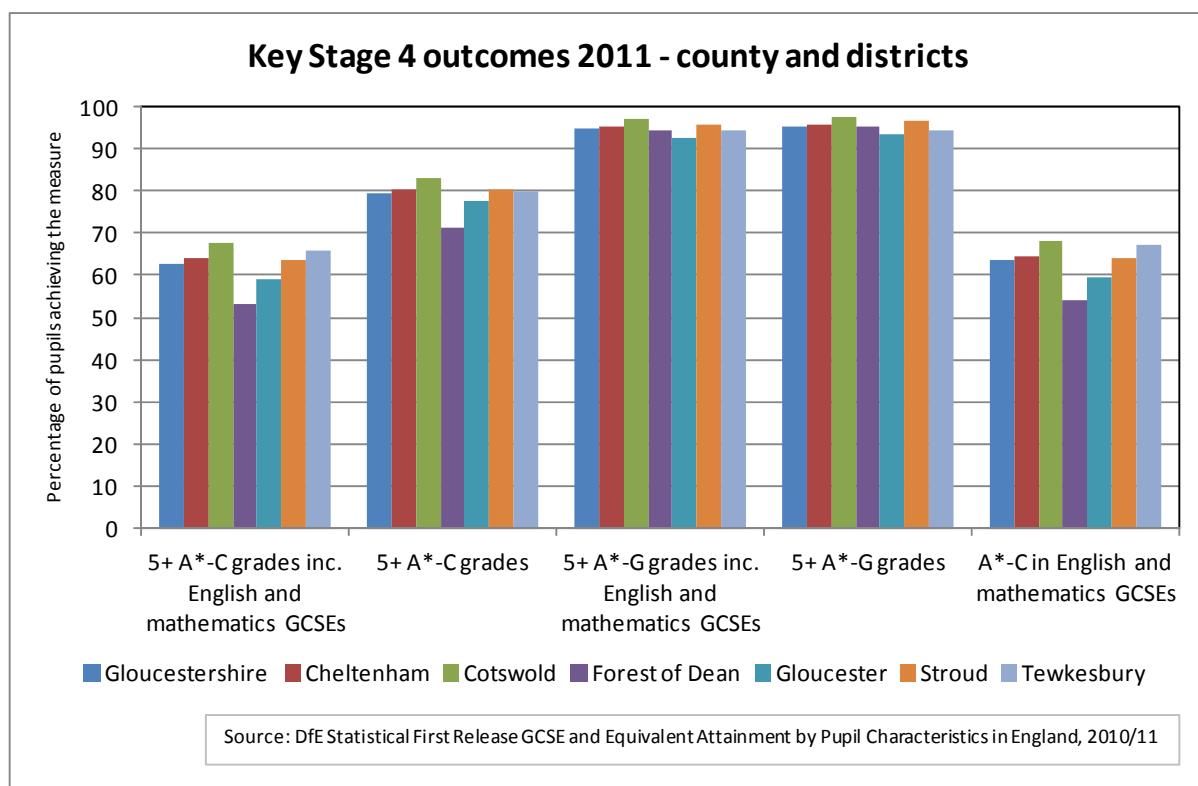
3.12. The largest vulnerable groups are pupils eligible for free school meals and with SEN. Their levels of attainment in 2011 are shown in the table below.

Outcome	SEN	FSM
5 good passes including GCSE English and maths	18.6%	30.2%
At least 5 good passes	40.0%	49.7%
At least 5 passes	81.0%	81.6%
At least 1 pass	94.1%	94.2%
Entry level qualifications	2.3%	2.4%
No passes	0.2%	0.4%
No entries	3.4%	3.0%

39 percent of the pupils eligible for free school meals also had SEN. 17 percent of the pupils with SEN were eligible for FSM.

Note that a higher proportion of pupils at School Action Plus achieved the higher benchmarks than did pupils at School Action.

3.13.   Post 16 courses of study, mainly at Level 3, GCE A-level and equivalent qualifications, are pursued in 25 school sixth forms and four FE Colleges in the county. Additionally, young people may acquire work based qualifications through a number of routes including apprenticeships.

3.14.   GCC produces a Post 16 Commissioning Statement each year which has three principal aims:

- To help providers determine the mix and balance of their provision.

- To guide the local authority in recommending any changes to the system of 16-19 provision.

- To initiate help to young people and their families in making post 16 choices.

3.15.   Providers now have greater freedoms to choose what they deliver and how they do it. The County Council has a changing role which will see it take on a greater role in advocacy for children and young people, helping them make informed choices about their future.

3.16.   Since the change in government in May 2010 there have been significant policy decisions which affect the provision of education and training for 16-19 year olds. These include:

- Commitment to maintaining the raising of the participation age

- Changes to student support funds.

- the Wolf Review of vocational education which may see the demise of some qualifications and a concentration on a narrower range of qualifications.

- Changes to the provision of careers education, information, advice & guidance placing the responsibility on schools to provide impartial Information And Guidance from September 2012.

- The expansion of academy status giving schools greater autonomy and putting them on a similar footing to FE colleges.

3.17.   Whilst these changes offer opportunities, there is also a risk that an unintended consequence will be less collaboration and co-operation between providers, especially between sectors, as each try to come to terms with what the changes mean for their particular business.

3.18. There are a number of key issues relating to provision in Gloucestershire:

- Falling numbers of resident students

- Rising demand for places for students with additional needs

- Poor outcomes for Children Looked After and Care Leavers

- The needs of young people living in rural areas.

Also see Section 4.

3.19. Approximately 2,700 students completing their Level 3 studies in sixth forms and FE Colleges In 2011, entered for over 13,000 qualifications. Nearly 12,000 of these were GCEs. Over 12,000 were successfully completed. Entries and results for each subject area are given in the table below.

Subject Area	Entries		Passes	
	Number	% of total	Number	Percent
Art & Design	741	5.7	729	98.4
Business/Commerce Studies/ICT	821	6.4	786	95.7
Design & Technology	297	2.3	286	96.3
English	940	7.3	928	98.7
Expressive Arts/Drama/Film/TV	871	6.8	861	98.9
Humanities/Social/Classical Studies	4,194	32.5	3,966	94.6
Life Skills	273	2.1	239	87.5
Mathematics	1,129	8.8	1,045	92.6
Modern Foreign Languages	481	3.7	464	96.5
Science & Engineering	2,005	15.5	1,865	93.0
Sports/PE Studies	321	2.5	314	97.8
Unclassified	693	5.4	667	96.2
Vocational	129	1.0	124	96.1
Grand Total	12,895		12,274	95.2

3.20. The proportion of entries for Business, Technology and Science related subjects dropped from 44 percent at Key Stage 4 to 33 percent Post 16.

3.21. Outcomes in Gloucestershire are above the national average. In 2011, 98.5 percent of pupils obtained at least two passes and 14.8 percent obtained three or more passes at A* or A grades. Average point scores were also higher than nationally.

3.22. With the exception of some ethnic minorities, students in vulnerable groups are under-represented in school sixth forms. Equivalent information is not available for students in FE Colleges.

3.23. For young people who became 19 in 2011and had been in Gloucestershire schools at age 15,

- 66 percent were qualified to Level 2 (5 or more good GCSE or equivalent passes) including English and mathematics, ranking 17th nationally.

- 83 percent were qualified to Level 2, 39th nationally. 59 percent were qualified to Level 3 (2 or more A-levels or equivalents), 26th nationally.

Although these percentages are relatively high, those failing to gain Level 2 qualifications at age16 struggle to do so by age 19. Those without English or mathematics are most affected.

3.24. The gaps between those who were eligible for free school meals and those who were not were:

- 35 percentage points for Level 2 including English and mathematics, 126th nationally

- 25 percentage points for Level 2, 109th nationally

- 38 percentage points for Level 3, 146th nationally.

3.25. There are no up to date figures available, but, historically, a smaller proportion of Gloucestershire young people who were eligible for free school meals at age fifteen went on to higher education at age eighteen or nineteen, in comparison to those who were not eligible, than did nationally.

3.26. Quality of Early Years provision:

- In the current cycle, to March 2011, about three quarters of active Early Years providers in Gloucestershire had been inspected by Ofsted.

- Gloucestershire has a higher proportion of providers graded only satisfactory, and a lower proportion graded good than is seen nationally. Effort should be invested in converting satisfactory providers into good providers.

The proportion achieving each overall grade, compared with the national outcomes, is given in the chart below.

Ofsted inspections grades for Early Years providers

Source : Ofsted: - Inspections and Outcomes Jan to Mar 2012
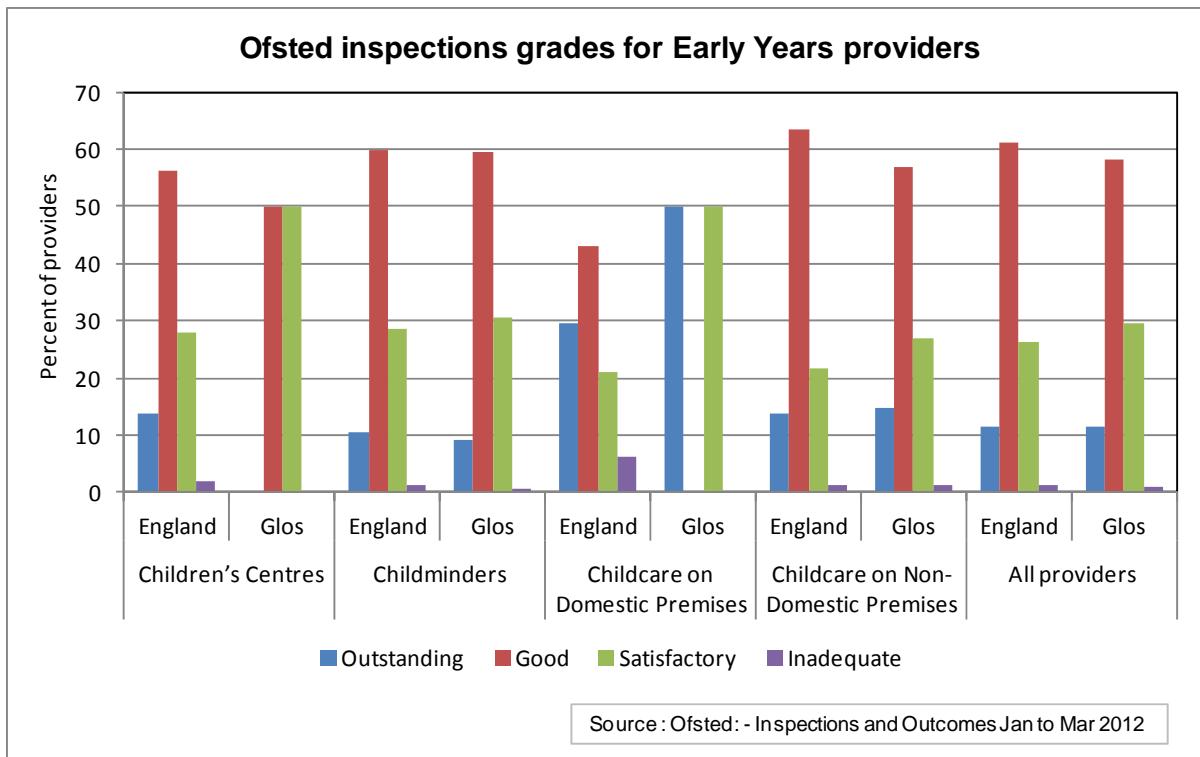
3.27. Quality of schools

- Following their most recent Ofsted inspections, 25 percent of Gloucestershire schools were considered to be outstanding and nearly 50 percent good. 24 percent were graded only satisfactory, a grading which is increasingly being seen as a reason for concern. Ten schools were assessed as inadequate. At the time of writing (10 May 2012), six of these, including three Special Schools, were in Special Measures, and four were subject to a Notice to Improve.

- 38 percent of sixth forms were judged outstanding and 46 percent good, but 17 percent (four schools) were only satisfactory.

- The proportion of Gloucestershire schools graded good or outstanding is higher than nationally, but there is a higher proportion of inadequate secondary and special schools.

The proportions at each grade are shown, by school type, in the chart below.

Ofsted inspection grades for schools

Source: Ofsted - Maintained schools inspections and outcomes - Jan to Mar 2012
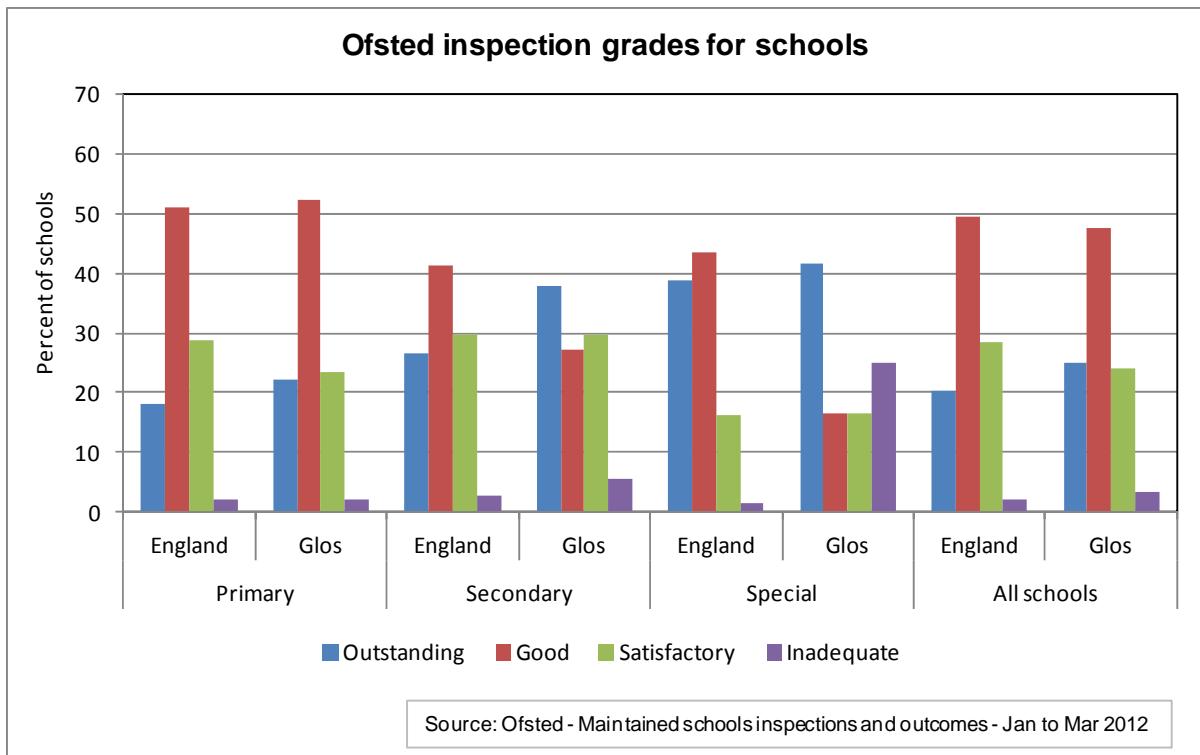
3.28.   Quality of FE colleges. All four FE colleges were rated as good or outstanding following the most recent inspections.

4. How young people feel about their lives and their futures

4.1.   The Online Pupil Survey (OPS) is carried out every other year in Gloucestershire schools and Further Education (FE) Colleges. A range of health and wellbeing related questions are asked of participating pupils in year groups 4, 6, 8, 10, and 12. The responses given by secondary school pupils and FE college students to some of these questions are helpful in forming an impression of how these young people feel about their lives and their futures. The most recent survey for which the results are available was in February 2010.

4.2.   Over three quarters of young people were satisfied or quite satisfied with their lives, but almost one in ten stated that they were unsatisfied or quite unsatisfied with their lives. There was little difference between the year groups.

4.3.   When asked how confident they generally felt about their futures, two thirds of young people were either confident or extremely confident. Just over one in ten pupils felt not at all or not very confident. Here, there was a clear difference between the age groups with younger respondents being more confident. Nearly 75 percent of year 8 pupils were confident or

extremely confident about their futures, but less than sixty percent of year 12 students felt the same.

4.4. Participants were asked about any areas in their lives that they felt they needed more support with or knowledge about. From a list of twenty one items, where more than one could be chosen, the most popular ten were:

Year 8			Year 10			Year 12		
Area	Pupils choosing		Area	Pupils choosing		Area	Pupils choosing	
	Number	Percent		Number	Percent		Number	Percent
Getting fit	1086	22.4	Getting fit	918	19.8	Stress management	356	11.4
Cooking skills	1019	21.1	Stress management	884	19.1	Money management	354	11.3
Money management	1011	20.9	Money management	865	18.7	Cooking skills	308	9.9
Relationships	934	19.3	Losing weight	850	18.3	Getting fit	294	9.4
Losing weight	922	19.0	Cooking skills	727	15.7	Losing weight	255	8.2
Safer sex	832	17.2	Relationships	720	15.5	Relationships	193	6.2
Healthy eating	794	16.4	Anger management	653	14.1	Anger management	193	6.2
Stress management	770	15.9	Healthy eating	577	12.5	Healthy eating	172	5.5
Anger management	656	13.6	Safer sex	500	10.8	Physical activity	144	4.6
Parenting skills	578	11.9	Parenting skills	459	9.9	Gaining weight	116	3.7

4.5. There is possible ambiguity in the interpretation of some questions. For example, parenting skills, would a Year 8 pupil interpret this as their skills or those of their parents? Similarly, losing and gaining weight. Is this concern that they are losing/gaining weight or the desire to gain/lose weight? Note also that year 12 students appear to have chosen only one area each.

4.6. Over the three year groups, getting fit, money management, cooking skills, losing/gaining weight and stress management were the main areas highlighted.

Key Points

- Educational outcomes in Gloucestershire are good overall, but children who fall behind early on are likely to fall further behind as they get older. There is a need for early identification and effective support for those in danger of becoming vulnerable, and their families.

- Pupils from deprived socio-economic backgrounds, with Special Educational Needs, who are Looked After, or from some minority ethnic groups have lower educational outcomes than their peers. There is a need for effective support for these children and young people to improve educational outcomes.

- We have a higher proportion of early years providers graded as only satisfactory than in other parts of the country. There is a need to move more providers into the good or outstanding categories. Similarly, we need to reduce the proportion of secondary and special schools rated as inadequate.

- Young people leaving our schools without qualifications, or with lower level qualifications, are less likely to obtain further qualifications by the age of 19 than in other parts of the country. There is a need to increase this proportion.

- The increase in the participation age for young people's engagement in education or training presents both a challenge and an opportunity. There is a need to ensure high quality, relevant education and training for those who would have left at age16.

- In a difficult and changing job market, young people need to acquire a range of life and interpersonal skills, as well as high quality qualifications, before entering the market. A range of opportunities to do this are needed, both in and out of school.

- To facilitate the right mix of education and training to match young people's aspirations and meet the needs of the Gloucestershire economy, there is a need to maintain a dialogue between employers, education and skills providers, local government and other partners.

Section 7 - People with a disability or long-term illness live as independently as possible

Living as independently as possible

1. People with a disability or long term illness

1.1.   People with a disability or long-term illness have the right to live as independently as possible within their own home and community. Given a choice, most disabled or long-term illness people would want to live in their own homes with their own families, and some need extra support to successfully achieve this.

1.2.   Obstacles to staying at home include: affordable and accessible housing, transport, employment, and healthcare services. What helps people stay at home will include the invaluable service that carers and support services provide to people with a disability and a long term illness.

1.3.   People of all ages and backgrounds can be affected by a disability and long-term illness. The 2001 census suggests that 15% of the Gloucestershire population classed themselves as having a limiting long term illness. This is a self assessment of whether or not a person has a limiting long-term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age.

1.4.   Children and Young People under the age of 19 with a disability or long-term illness account for about 4% of all under 19's in Gloucestershire.

1.5.   Poor health is strongly related to age. In Gloucestershire, people's overall state of health declines steadily as they become older. By comparison, the onset of limiting long-term illness starts abruptly after the age of 64 and increases sharply afterwards.

1.6.   Health gaps between ages are huge particularly in prevalence of limiting long-term illness. Among people aged 65-79 and 80+, the prevalence rate of limiting long-term illness were 39 per cent and 63 per cent respectively, compared to 9 per cent among the 30-39 year-olds.

Impact of Age on Health and Limiting Long-Term Illness

	0-15	16-29	30-49	50-64	65-79	80+
% with Limiting Long-Term Illness	3.5	5.4	8.9	19.9	38.5	62.8
% in Not Good Health	0.9	2.8	5.2	10.7	16.1	27.1
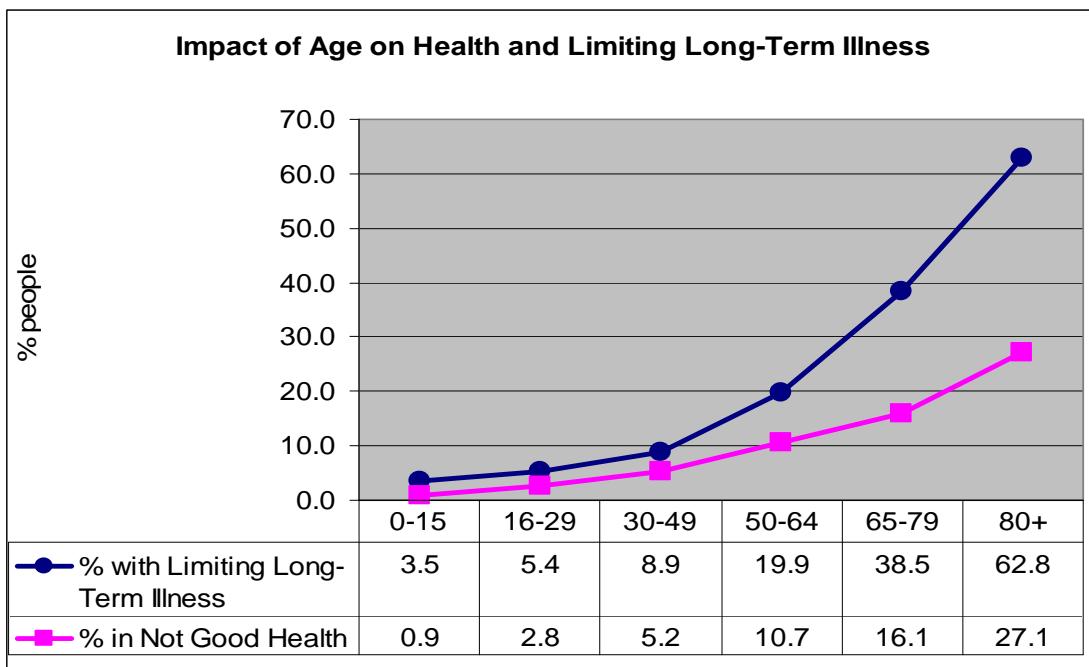
1.7. Due to the longer life expectancy of women, the county has seen a larger number of older women, which has resulted in more women in ill health. Women made up 55 per cent of the population reporting poor health and 54 per cent with a limiting long-term illness in 2001.

Health Differences by Gender

	0-15	15-29	30-49	50-64	65-79	80+		All
Male - not good health	0.9	2.6	4.8	11.0	15.7	25.4		6.8
Female- not good health	0.9	3.0	5.6	10.4	16.3	28.0		7.9
Male - with LLTI	4.0	5.7	8.9	20.2	38.9	59.1		14.6
Female - with LLTI	3.1	5.2	9.0	19.6	38.1	64.8		16.2
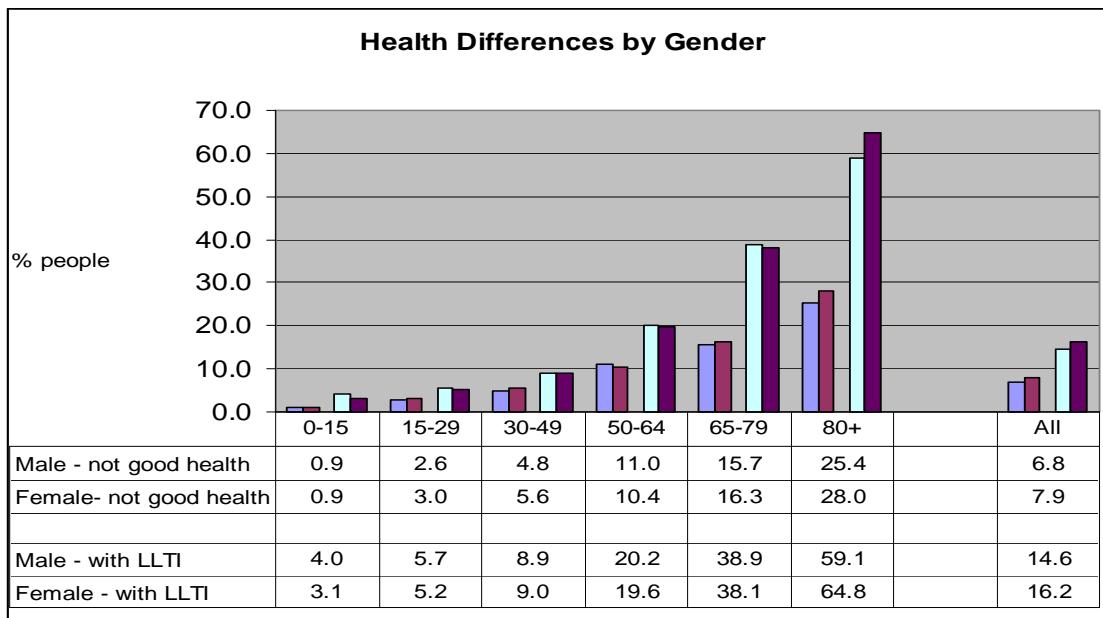
1.8. There were clear health differences between social classes in Gloucestershire. People in lower socio-economic groups were not only at a higher risk of being in poor health or having a limiting long-term illness, but were also more likely to suffer from it at a younger age.

Health Differences by Social Class

	not good health	with LLTI
long-term unemployed	12.3	22.4
Never worked	17.2	48.5
Routine	7.0	12.5
Semi-routine	5.9	10.5
Lower supervisory and technical	5.6	9.6
Small employers and owner account workers	5.7	11.2
Intermeidate occupations	4.3	7.8
Lower Managerial and Professional	3.7	7.4
Higher Managerial and Professional	3.0	6.0

% people

☐ not good health ☐ with LLTI

Health Differences by Social Class
16-34 Age Group

	not good health	with LLTI
long-term unemployed	8.9	14.0
Never worked	13.1	39.6
Routine	4.0	7.7
Semi-routine	3.4	6.2
Lower supervisory and technical	2.7	4.9
Small employers and owner account workers	3.1	5.7
Intermeidate occupations	2.6	4.4
Lower Managerial and Professional	2.0	3.8
Higher Managerial and Professional	1.6	3.3

% aged 16-34

☐ not good health ☐ with LLTI

1.9. Census 2001 data show that gaps in general health between children of different ethnic backgrounds were small to start with but grew wider as they became older, particularly between the Black/Black British community and other ethnic communities.

1.10. There was also a much higher incidence of poor health and limiting long-term illness among pensioners within the Black and Asian community than those in other ethnic groups. Children from the Black community had a considerable higher risk of having a limiting long-term illness than children of any other groups.

Health Differences by Ethnicity

	White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
not good health	7.6	4.4	6.6	11	3.1
with LLTI	16.2	8.7	12.8	18	6.2

%people

☐ not good health ☐ with LLTI
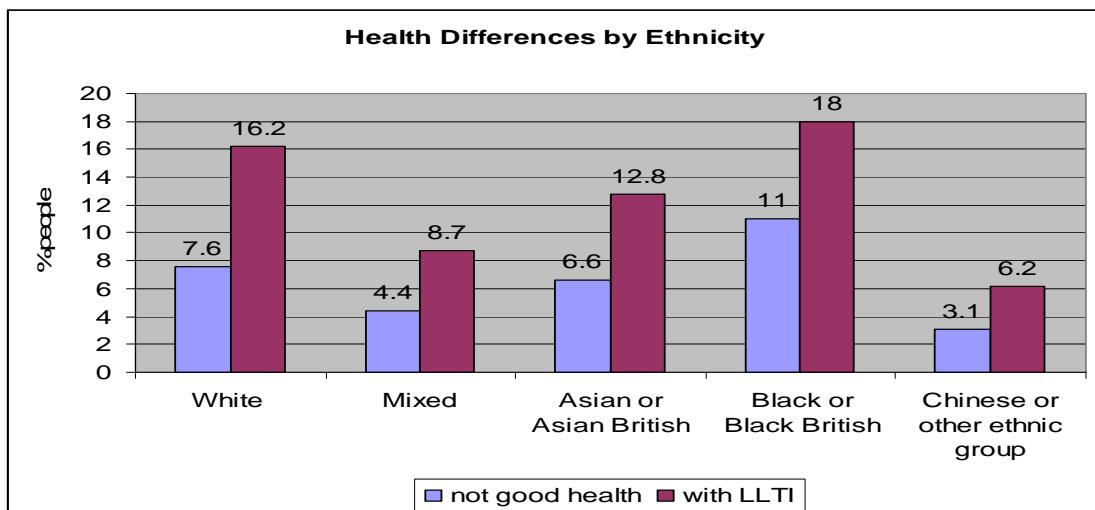
# What disability/long-term illness do they have?

2. Overview

2.1. There are many conditions that can affect people's daily lives. It would be impractical to list all of them here, but below is a list of the most common:

- Learning Disabilities

- Mental Health Issues

- Physical Disabilities

- Blind or Visually Impaired

- Multiple Disabilities

- Deaf or Hearing Impaired

- Autistic Spectrum Disorder

- Behaviour, Emotional & social difficulties

- Dementia

- Cancer

- Heart Attack

- Stroke

- Bronchitis/emphysema

- Chronic Physical ill-health

2.2. Adult Social Care – assessments for Adults with a Disability show a small rise in the overall numbers of people that have a physical, mental health or learning disability as can be seen in the chart below:

Assessements Adults with a Disability (Physical, Mental or Learning)

	2009	2010	2011
18-64	3,576	4,017	5,009
65-84	7,241	7,912	7,809
>85	4,808	5,247	5,470
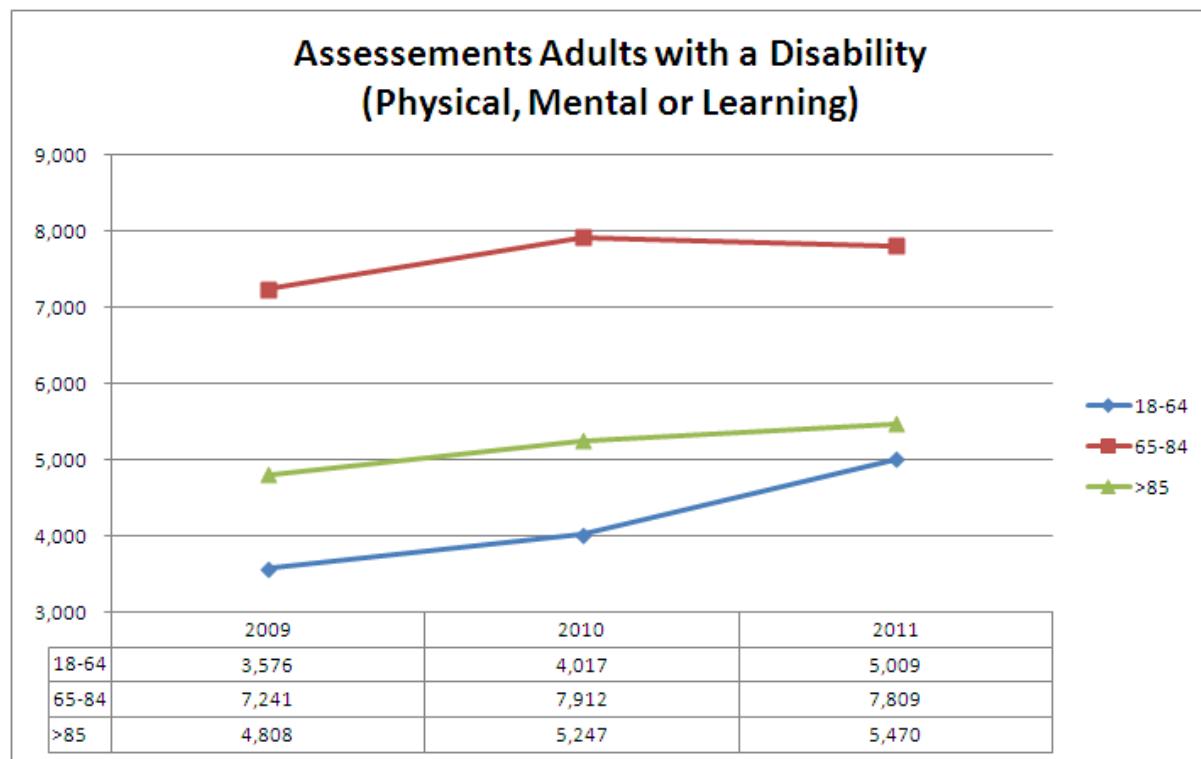
2.3. Adult Social Care: Overall services for adults that have a disability are rising slowly. There is a small dip for the 65-84 age group between 2010 and 2011, but we will have to wait for further data to see if there are any longer term trends.

Services: Adults with a Disability (Physical, Mental or Learning

|	2009	2010	2011
18-64	5,193	5,899	6,118
65-84	10,004	10,922	10,671
>85	6,721	7,256	7,374
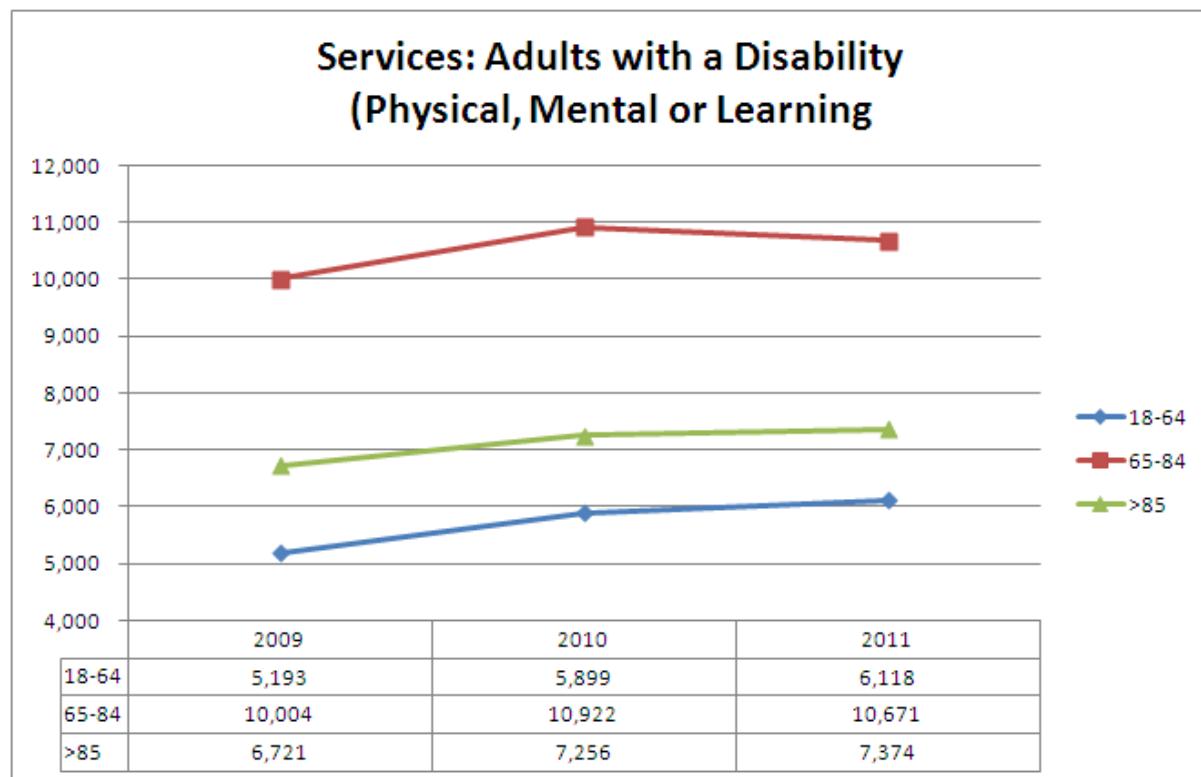
3. Dementia

3.1. Dementia is a common condition. In England alone, there are currently 570,000 people living with dementia. That number is expected to double over the next 30 years. Usually dementia occurs in people who are 65 or over. The older you get, the more likely you are to develop it. Dementia is slightly more common in women than in men.

| Glos predicted to have dementia by age group[50]	2011	2015	2020	2025	2030
65-69	412	476	437	471	544
70-74	712	822	1,001	922	998
75-79	1,242	1,361	1,612	1,974	1,834
80-84	2,004	2,119	2,401	2,878	3,555
85-89	2,261	2,344	2,650	3,128	3,839
90+	1,764	2,177	2,646	3,352	4,381
65+	8,395	9,298	10,746	12,724	15,151

3.2. The following graph shows the increasing percentage of Gloucestershire adult care service users with dementia. This is mostly about improved identification and recording rather than actual changes in the underlying population with dementia.


---
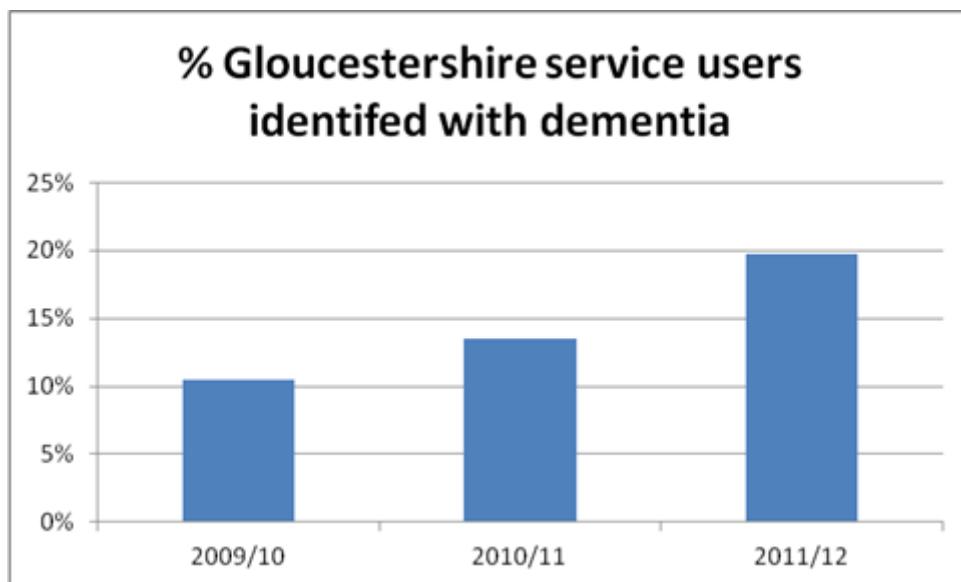
[50] POPPI - Projecting Older People Population Information System

% of Gloucestershire Population by age group predicted to have dementia

	2011	2015	2020	2025	2030
65+	1.41%	1.52%	1.70%	1.95%	2.25%
90+	0.30%	0.36%	0.42%	0.51%	0.65%
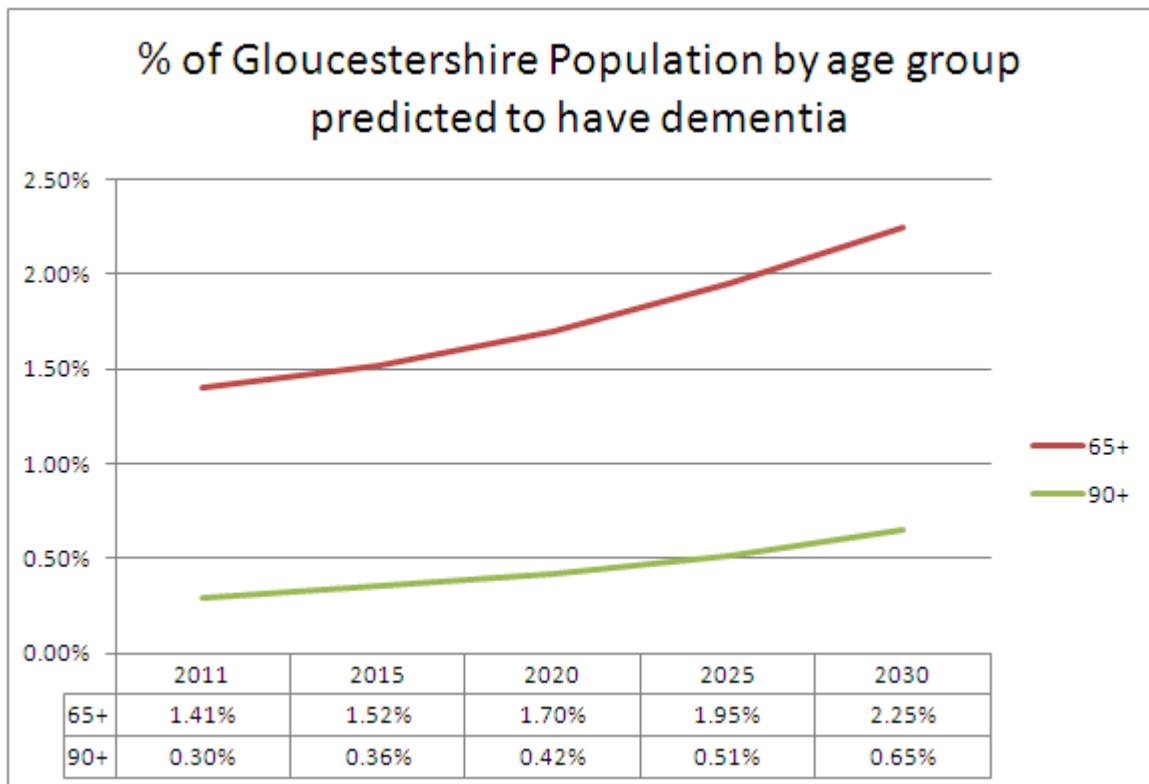
3.3. Community Mental Health profiles for Gloucestershire suggest that 0.57% of Gloucestershire 18+ population has dementia – which is significantly worse than the England average, and just above regional average

3.4. The chart below shows the number of adult care service users identified with dementia in the six Gloucestershire Districts. Confirming the prediction of the rising number of people with dementia, it is apparent that all districts show an increase, with Stroud, Gloucester and Cheltenham having the highest numbers.

Number of adult care service users identified with dementia
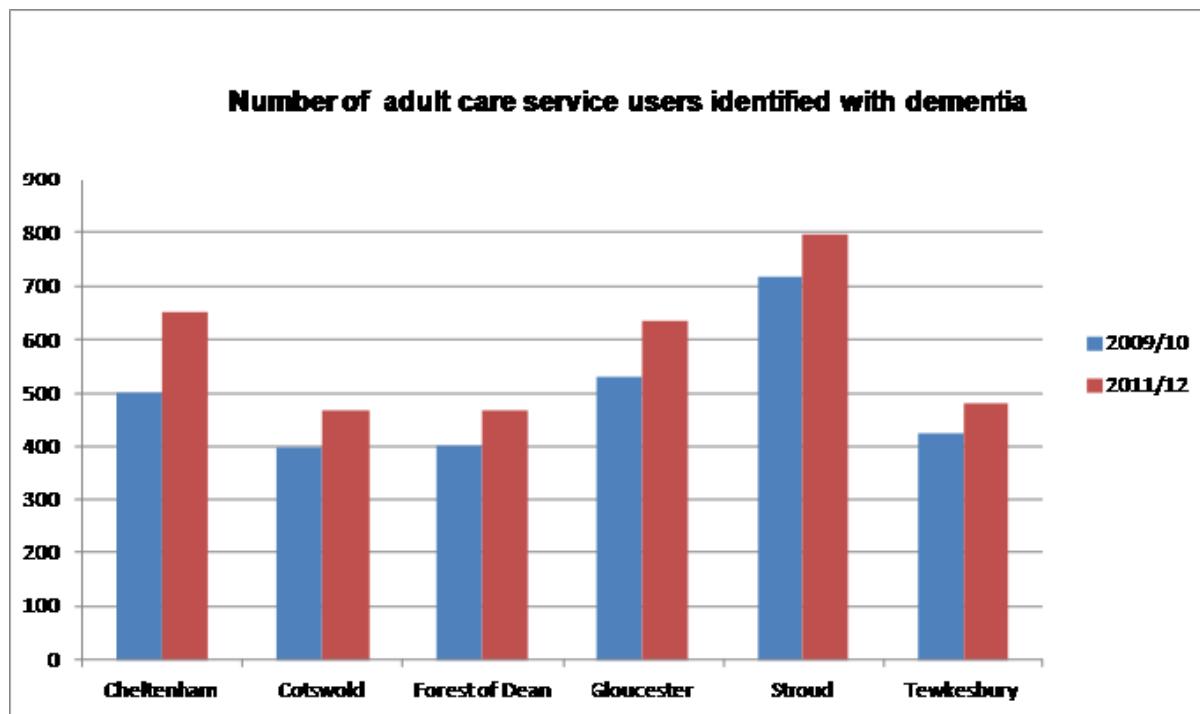
3.5.   The number of Gloucestershire service users in residential and nursing care with dementia rose by 27% between 2009/10 and 2011/12, almost twice the rate for all service users. The following graph shows that this rate of growth was not consistent across the county with Cotswold and Tewkesbury relatively flat. It should be noted that some of the increase may reflect improved identification of people with dementia.

Number of adult care service users identified with dementia in residential and nursing care
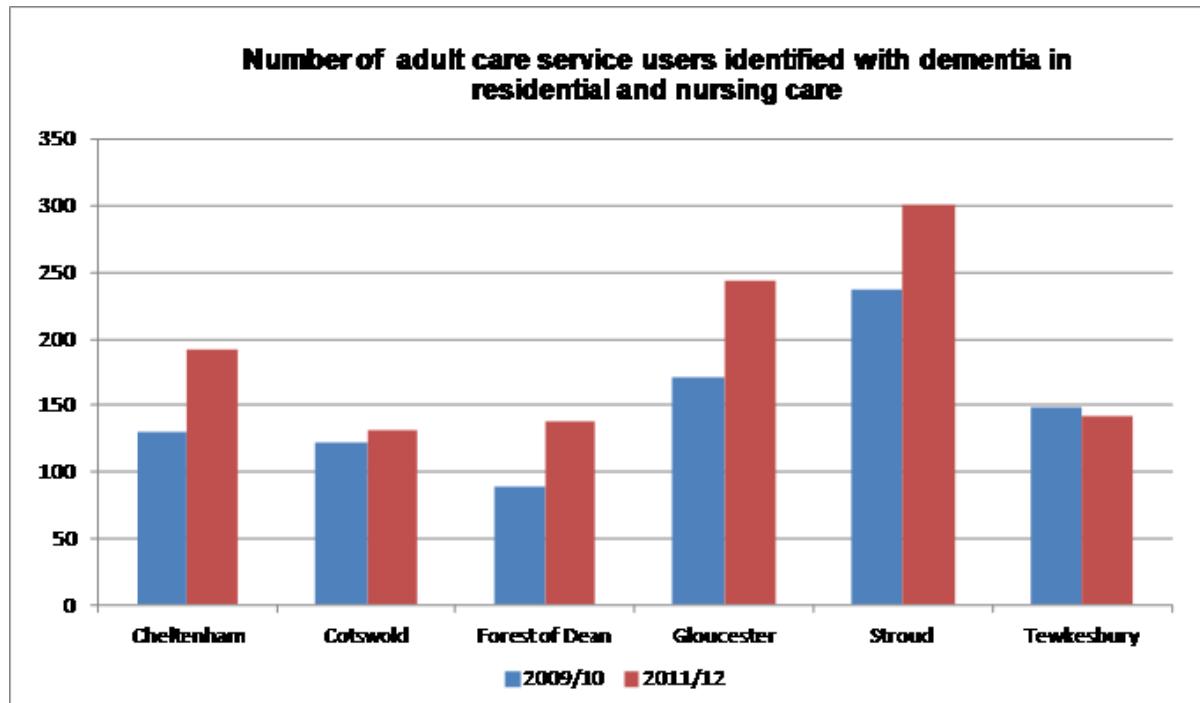
4. Learning disabilities

4.1.   The Projecting Adult Needs and Service Information System (PANSI) tool estimates that the population of 18-64 year olds with moderate or severe Learning Disability in Gloucestershire will rise from 1,962 in 2010 to 1,977 in 2015. This is based on the application of national prevalence rates to the predicted population numbers for the relevant age groups in Gloucestershire.

4.2.   The Gloucestershire Learning Disabilities Profile 2012 prepared by the learning and disabilities observatory suggest that just under 1,500 school age children will have a learning difficulty known to schools.

4.3.   There is a perception that there are a higher proportion of adults than children with a learning disability in Gloucestershire. The Gloucestershire Learning Disabilities profile does suggest that the rates for Adults with a learning disability known to GPs are 5.78 in every 1,000 adults (about 1,800), and the rate for children with severe learning difficulties is 4.40 per 1,000 children (about 400 children).

4.4.   PANSI also estimate that:
-    approximately 25% of new entrants to adult social care with learning disabilities will belong to minority ethnic communities;
-    approximately one in three of new entrants will be coming from a home in which a child is eligible for Free School Meals (nationally one in six children in this age range are eligible for Free School Meals);
-    by 2030 the number of adults aged 70+ using social care services for people with learning disabilities will more than double."

4.5.   The following graph shows projected growth in numbers of people with different levels of learning disabilities between 2011 and 2030. This and the following graph apply to the country as a whole and are from the national report.

Predicted need (middle estimate) by Level of Access
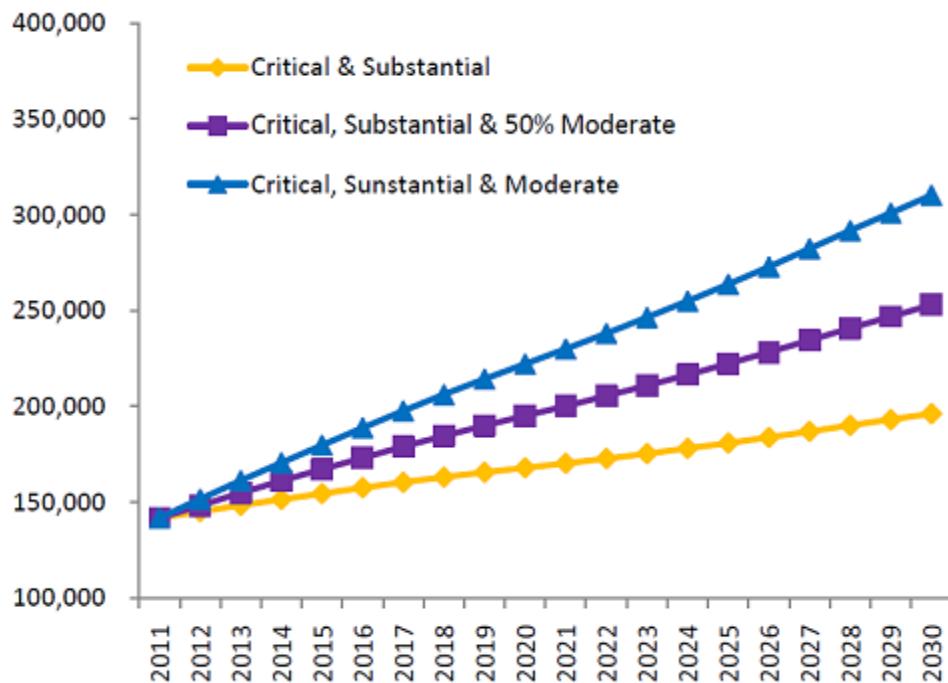
4.6. The following graph demonstrates how the proportion of people aged over 80 with learning disabilities who use adult care services is projected to rise by over 150% in the next 20 years.

Percentage change from 2011 base in the number of adults using social care services for people with learning disabilities by 2030 by age group.
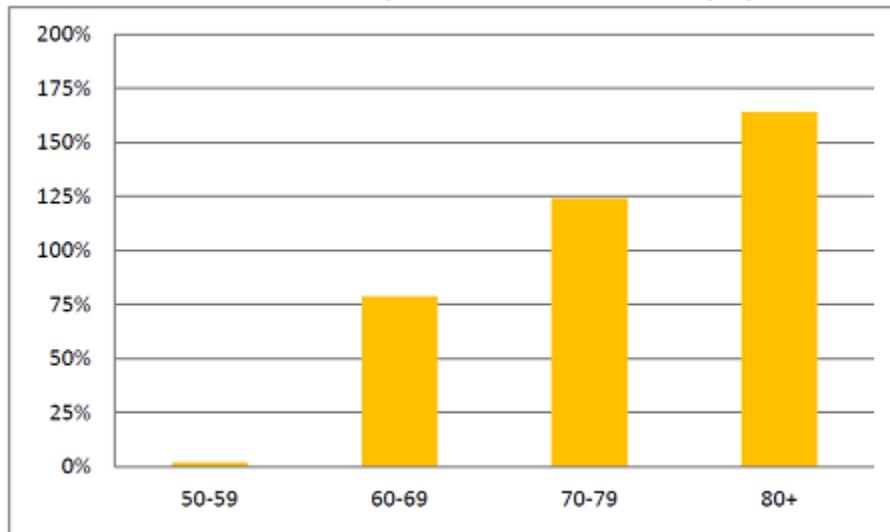
5. Mental Health

5.1.   Mental Health refers to a broad array of conditions directly or indirectly related to the mental well-being component included in the World Health Organisation's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

5.2.   Being mentally healthy doesn't just mean that you don't have a mental health problem, problems range from the worries we all experience as part of everyday life to serious long-term conditions. Good mental health is not simply the absence of diagnosable mental health problems. (Mental Health Foundation)

5.3.   Although only showing a short time period the chart below from the NHS Information Centre for Health and Social Care shows that people over the age 65 are currently experiencing higher levels of metal health issues.

Mental Health Service Users: Adults Accessing NHS Specialist Mental Health Services in England

Source: The NHS Information Centre for Health and Social Care

|	08/09	09/10	10/11
18-35	4,947	4,561	3,925
36-64	6,350	6,101	5,524
65 and over	4,683	4,800	5,885
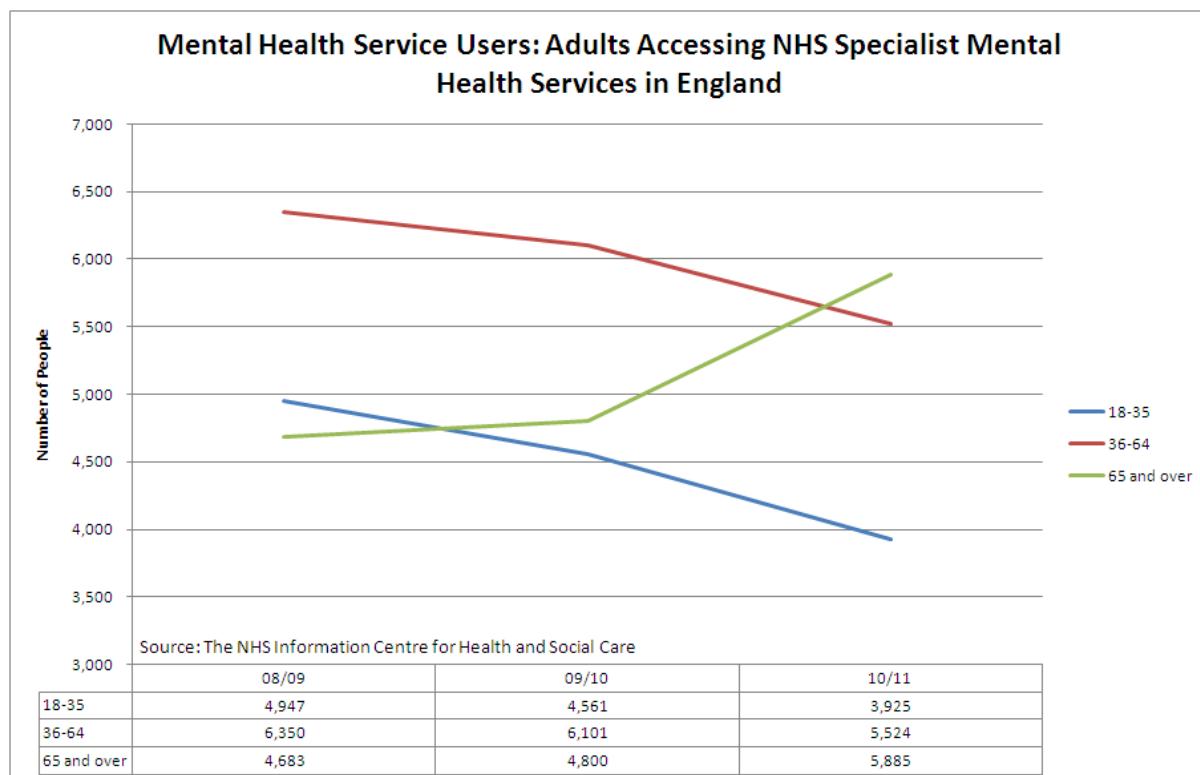
6. Autism

6.1.   The Department of Health recently supported a study that asked all local authorities to self-assess the extent to which they know how many adults with autism live within their boundaries and the quality of autism-related

services they deliver. Gloucestershire's self-assessment appears to show that currently we have made less progress than the majority of authorities in this area.

6.2. "253 adults with autism spectrum disorders are known to the local authority compared with an estimated prevalence for 18-64 year olds in Gloucestershire of over three and a half thousand individuals." (PANSI, 2012)

7. Physical Disability

7.1. Many causes and conditions can impair mobility and movement. The inability to use areas of the body effectively because of paralysis, stiffness, pain, or other impairments is common. It may be the result of birth defects, disease, age, or accidents.

7.2. There has been a steady increase in the number of people with a physical disability using adult care services in Gloucestershire.

Community and Adult Care Services: Adults with a Physical Disability

|	2009	2010	2011
18-64	2,420	2,820	3,043
65-84	6,877	7,486	7,610
>85	4,764	5,215	5,478
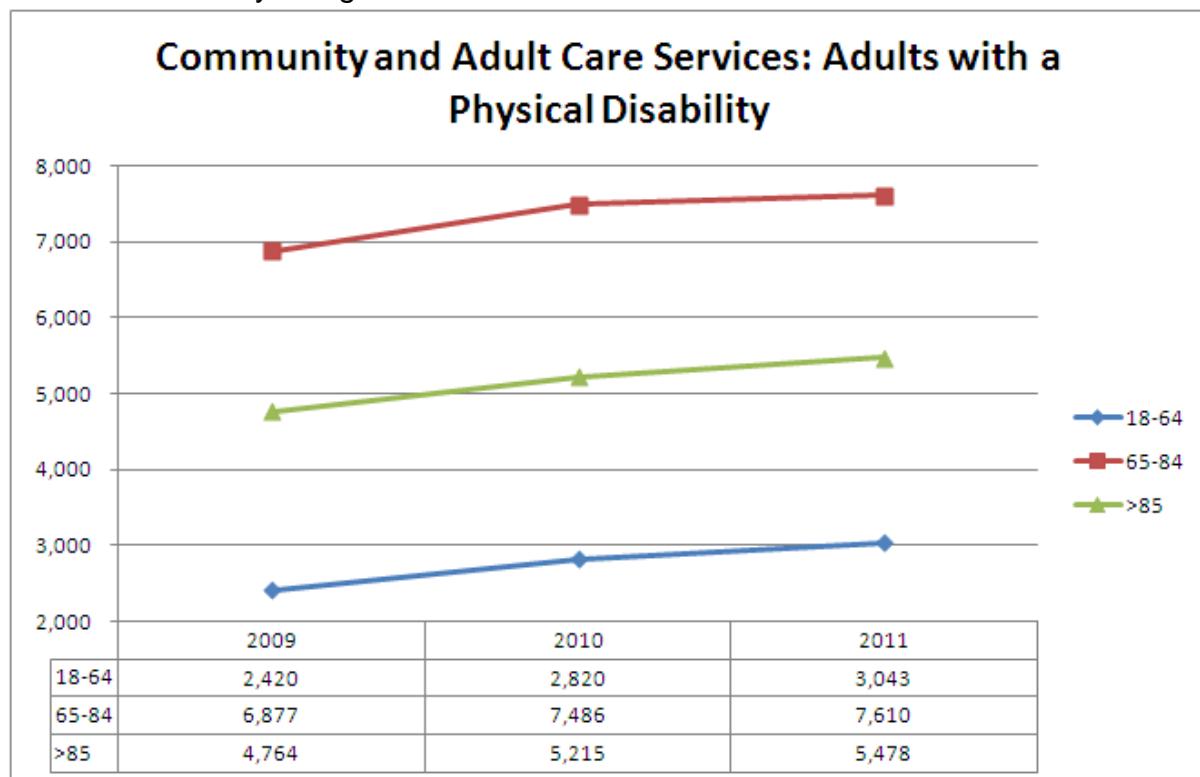
Where are they?

8. Location

8.1. There were just over 5,000 people living in medical and care communal establishments in 2001, of these 92% had a limiting long-term illness.

Residents in Communal Establishments	All people	With LLTI	With LLTI
	No.	No.	%
All People	9,679	5,143	53.1
By Type of Communal Establishments			
Medical and care establishments	5,006	4,609	92.1
Nhs	219	211	96.3
Local Authority	253	225	88.9
Housing Association	101	48	47.5
Nursing home	2,267	2,174	95.9
Residential care home	1,886	1,720	91.2
Other	280	231	82.5
Other establishments	4,673	534	11.4

9. The characteristics and location of people receiving adult care services

9.1. In the last ten years there has been a substantial increase in the number of people receiving adult care services in Gloucestershire rising from 14,433 in 2001/02 to 23,694 in 2011/12 The following graph shows the growth since 2001/02 by District of residence.
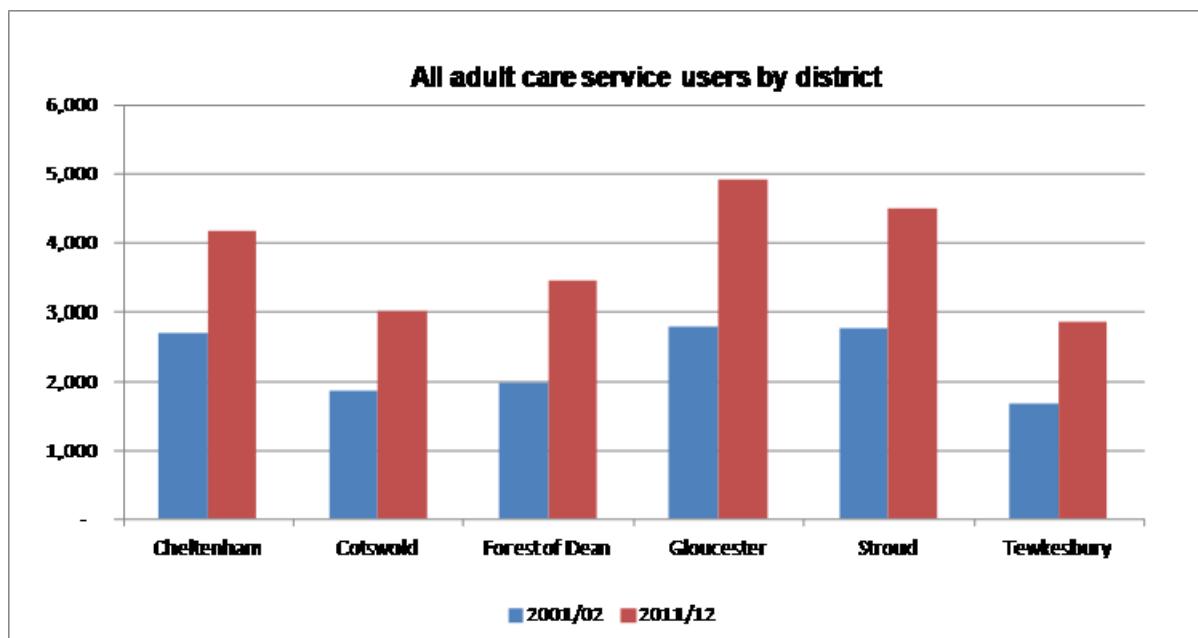
9.2. The greatest growth in the number of people receiving services has been in Gloucester, Tewkesbury and the Forest of Dean.

District	Cheltenham	Cotswold	Forest of Dean	Gloucester	Stroud	Tewkesbury
% increase	55%	60%	75%	77%	62%	73%

9.3. The service user population was analysed against the Index of Multiple Deprivation (ranking within Gloucestershire of the area (LSOA) where they lived). Residential and nursing care placements were excluded as the location of their care and nursing homes was less likely to reflect the level of deprivation of the service users who lived there. The analysis shows that whilst service users are more likely to be living in more deprived areas, we also deliver services to large numbers of people living in more affluent parts of the county.

9.4. The chart below shows the Gloucestershire deprivation deciles from the 2010 Indices of Multiple Deprivation where 1 is the highest deprivation.
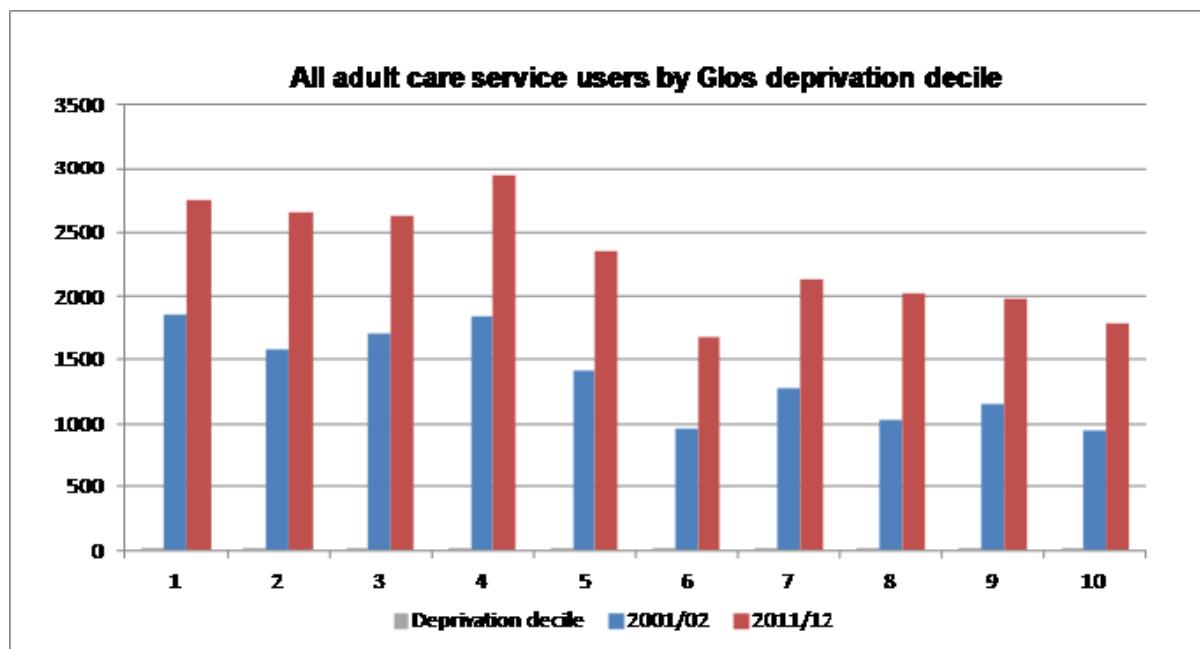
9.5. Growth in service delivery since 2001/02 has been higher for people living in more affluent areas. Where 1 is the highest deprivation decile.

% increase all service users (excluding residential/nursing care) Gloucestershire IMD LSOA deprivation decile 2001-02 to 2011-12
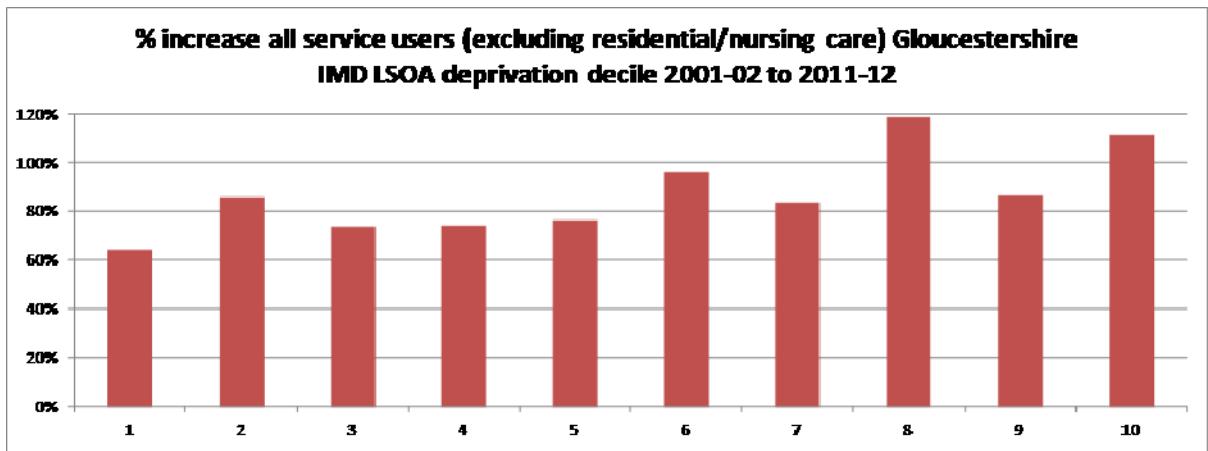
9.6. When this is further analysed by District some interesting patterns emerge with Gloucester having by far the highest proportion of services being delivered to people living in Gloucestershire neighbourhoods which rank amongst the 20% most deprived nationally. Cheltenham is notable for the high level of services delivered to people living in the 20% least deprived areas.

2001/02 adult care service users (excluding residential/nursing care) by district of residence and national IMD LSOA deprivation quintile (1 is highest deprivation)

2011/12 adult care service users (excluding residential/nursing care) by district of residence and national IMD LSOA deprivation quintile (1 is highest deprivation)
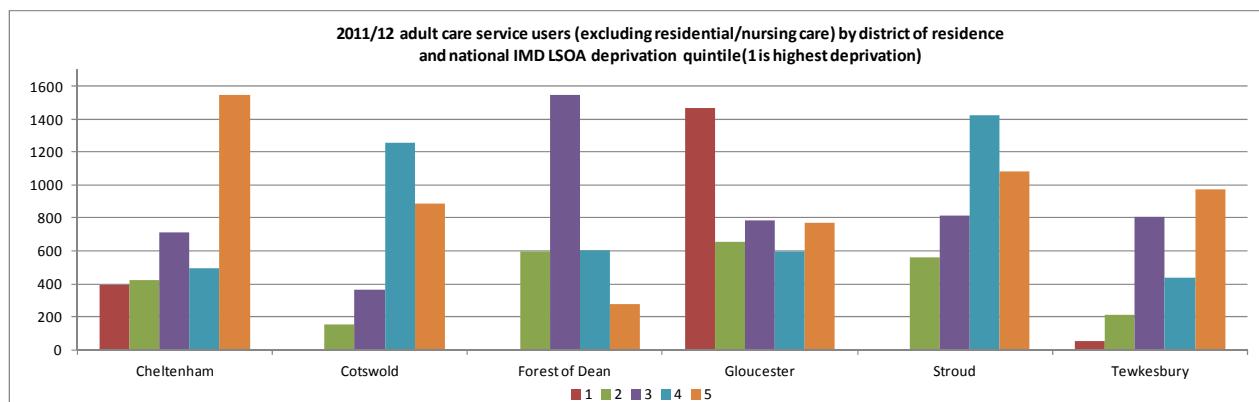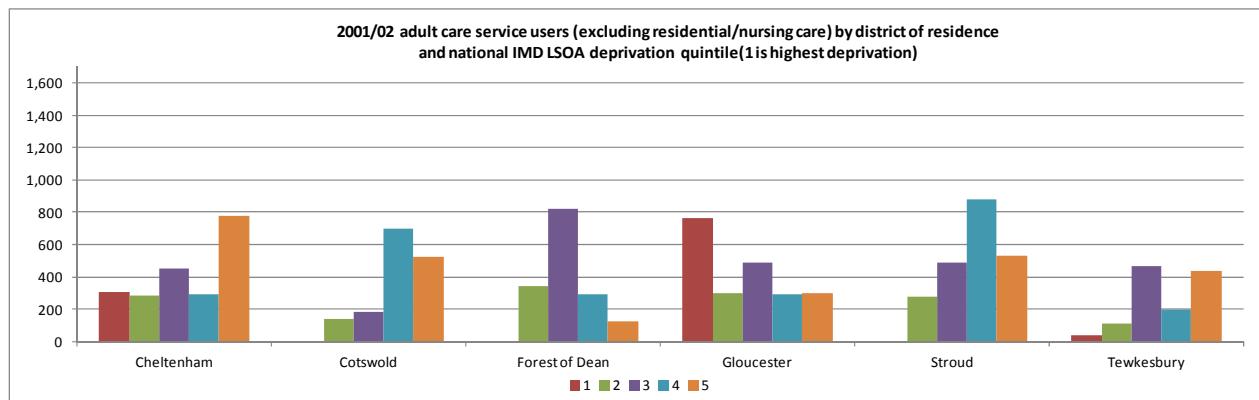
9.7. The growth in delivery of services overall is not reflected in residential and nursing care which has been remarkably stable over the last ten years. Between 2001/02 and 2011/12 the number of service users supported in

residential care rose by 0.5% though the total has fallen by 5% in the last three years.
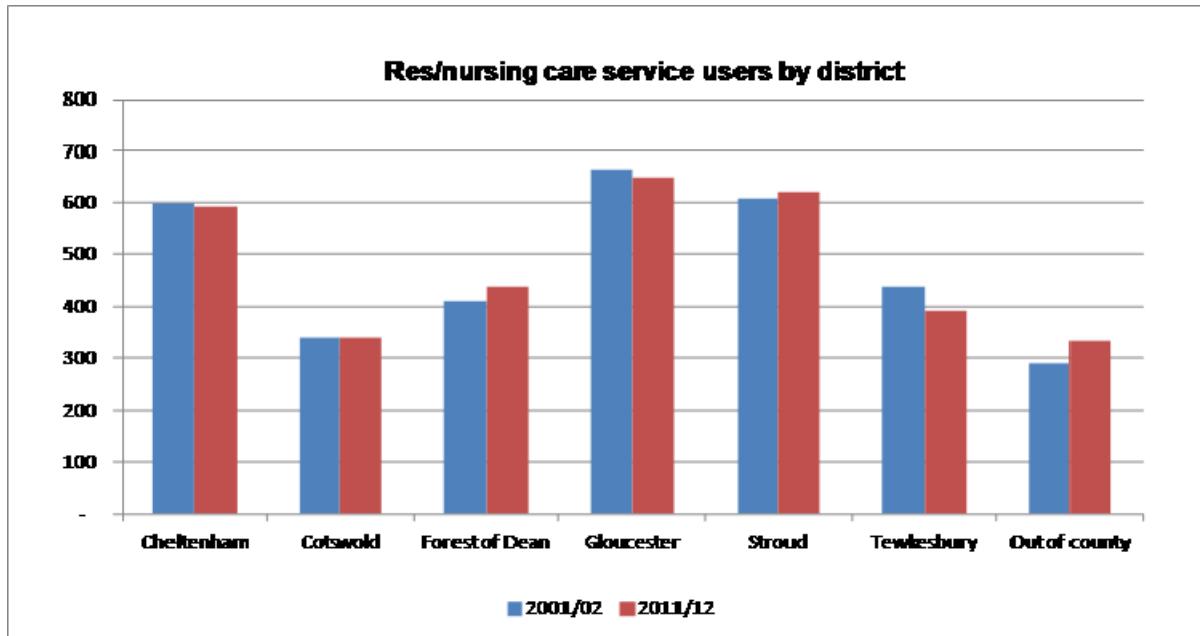

What services do they use?

10. Vulnerable people supported in community

10.1. A combination of national and local government policy and individual preferences is leading to vulnerable people living more independent lives in the community away from residential care or highly concentrated services. For this to be sustainable it is vital that appropriate support is available to allow them to live secure and fulfilling lives.

10.2. 'Vulnerablility' here covers a range of contexts and conditions. There is a core socially excluded group that includes vulnerable single homeless, people with alcohol or drug misuse problems, offenders and people with mental health problems. There is group of vulnerable young people: those leaving care, young offenders and teenage parents. Then there is a long term vulnerable group that includes older people, people with a disability and some people with a mental health problem. Of course, there are significant overlaps between these groups and one person may be vulnerable for a variety of reasons.

10.3. Such support is increasingly outside the scope of what the Council can deliver and we need to be able to map community assets so that we know where the gaps are and, where possible, address them. The following

diagram from the I&DeA report "A glass half-full: how an asset approach can improve community health and well-being" illustrates the range of potential assets that may be available.
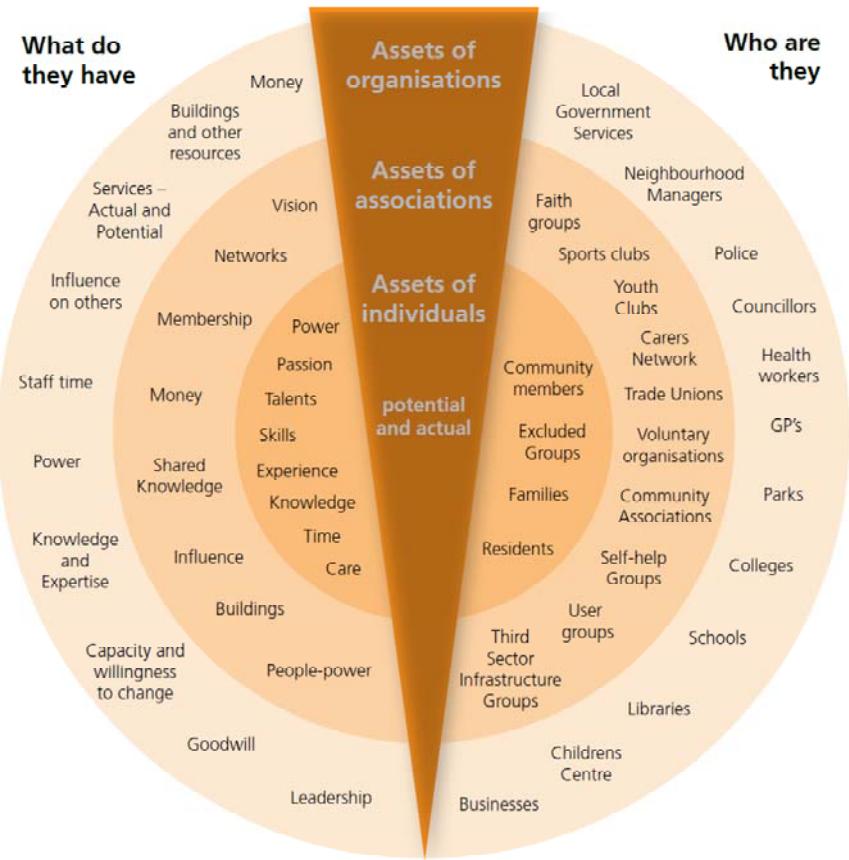
10.4. In Gloucestershire, as elsewhere in the country, a crucial element of support has been the Supporting People programme. This has enabled housing support to be given to a wide range of vulnerable groups, often in new and innovative ways. However, as a result of cuts in the level of government funding for the programme, the Supporting People budget in Gloucestershire will reduce from £21.1 million in 2010/11 to £14.1 million in 2015/16. This substantial cut is taking place at a time when the population of older people is increasing and it is anticipated that the unfavourable economic climate will lead to a rise in homelessness. Careful targeting of resources against projected need is essential in this context.

10.5. A needs analysis in support of the 2011-15 Supporting People strategy found in 2010:

- A shortage of accommodation based and, very noticeably, non-accommodation based services for the socially excluded.

- An apparent sizeable surplus of accommodation based services for people needing both support and social care, counter balanced by a bigger shortage of non-accommodation based services for these groups.

- A very large over supply of accommodation based services for Older People, and a smaller but still significant over supply of community alarms: this is counter balanced by an even larger deficit of non-accommodation based services and, to a lesser extent, Home Improvement Agency services

- Services for women fleeing violence are slightly out of balance in terms of the spread between accommodation based and non-accommodation services, but, overall, there are broadly sufficient services.

10.6. By 2022 the needs analysis projected:

- Moderate decline in demand for all types of service for the socially excluded & Domestic Violence, but still significant shortages

- Little change in current position for people needing support and care

- Much smaller surplus of Accommodation-based services- bigger shortages of Non accommodation-based services for Older People.

10.7. The estimated level of services needed to support the vulnerable groups in 2010 is shown in this graph:
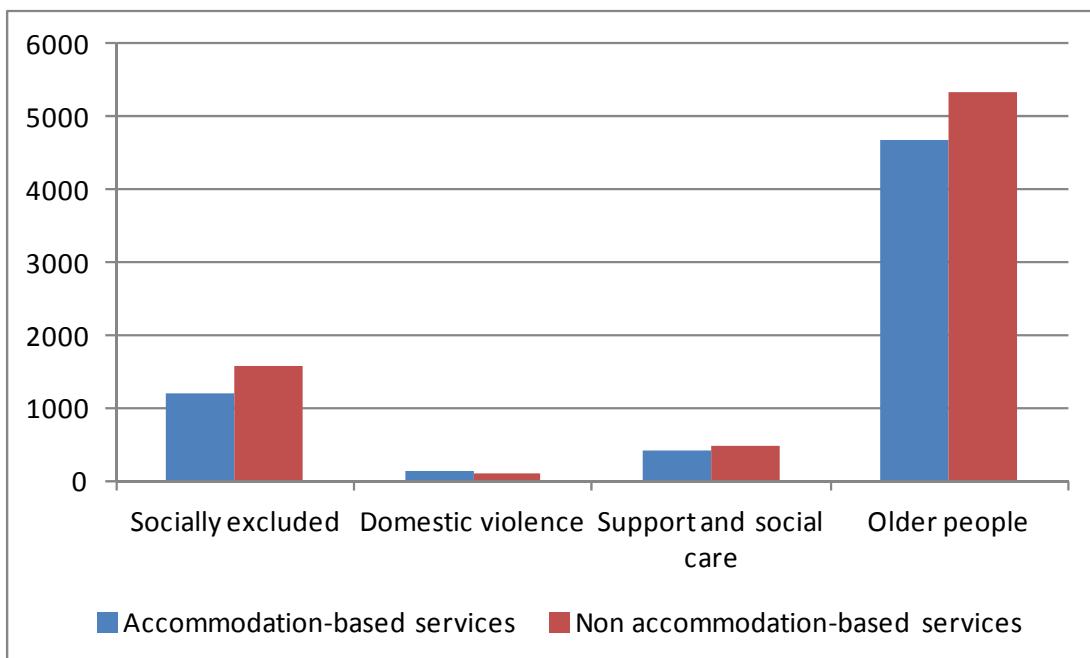

10.8. Informal Carers in Gloucestershire: The importance of informal care is gaining increasing recognition as it becomes an integral part of the GCC

strategy of shifting the balance of care from institutional to domiciliary to promote independence and self care.

10.9. According to the Census 2001, there were a total of 55,470 informal carers across the county providing unpaid care to someone due to their long-term illness, disability or old age problems. This is equivalent to one in ten people, the same proportion as in England & Wales.

10.10. The majority of carers in Gloucestershire (74%) provided care of less than 20 hours a week. Compared to England and Wales, the proportion of informal carers in Gloucestershire providing at least 20 hours of care per week was low (32% v. 26%). A significant proportion of carers in the county (17%), however, were providing care for very long hours – at least 50 hours a week; more than the average working time in full-time paid employment.

Number of weekly hours of provisions of informal care

50 hours +,
17%

20 - 49 hours,
9%

1 - 19 hours,
74%
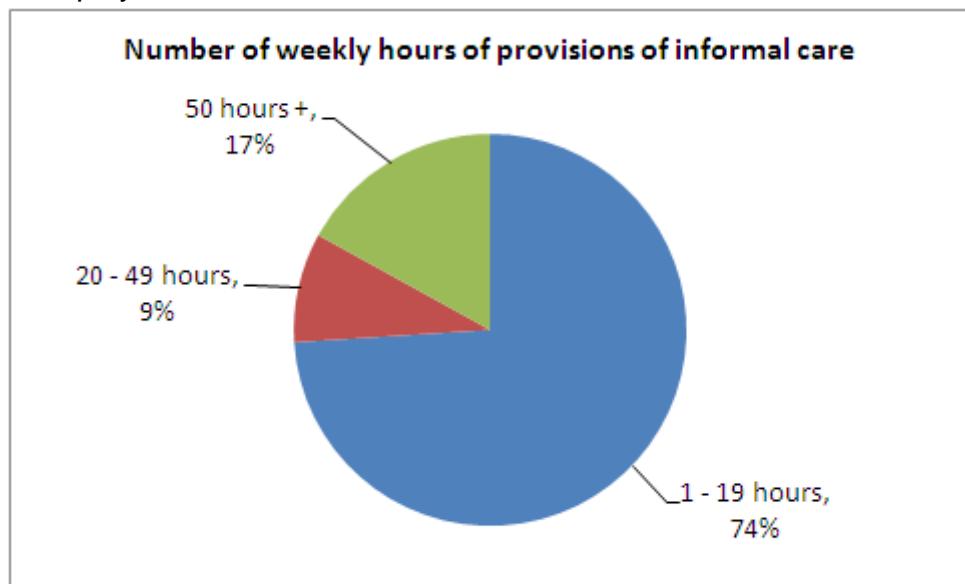
10.11. Our own estimates derived from Census data suggest that in 2001, about 30 per cent of the households that contained someone with a limiting long-term illness had an informal carer at home.

10.12. Between August 2003 and November 2011 the number of people claiming benefits for carer's allowance rose from 2,570 to 3,980 representing an increase of 55% for Gloucestershire. For England the increase is 50%, and for the south west 46%.

10.13. Taking August 2003 to be 100, the chart below shows the rate of increase until November 2011 for Gloucestershire, England and the South West.

Benefit payments - carer's allowance
ONS Crown Copyright Reserved [from Nomis on 24 May 2012]
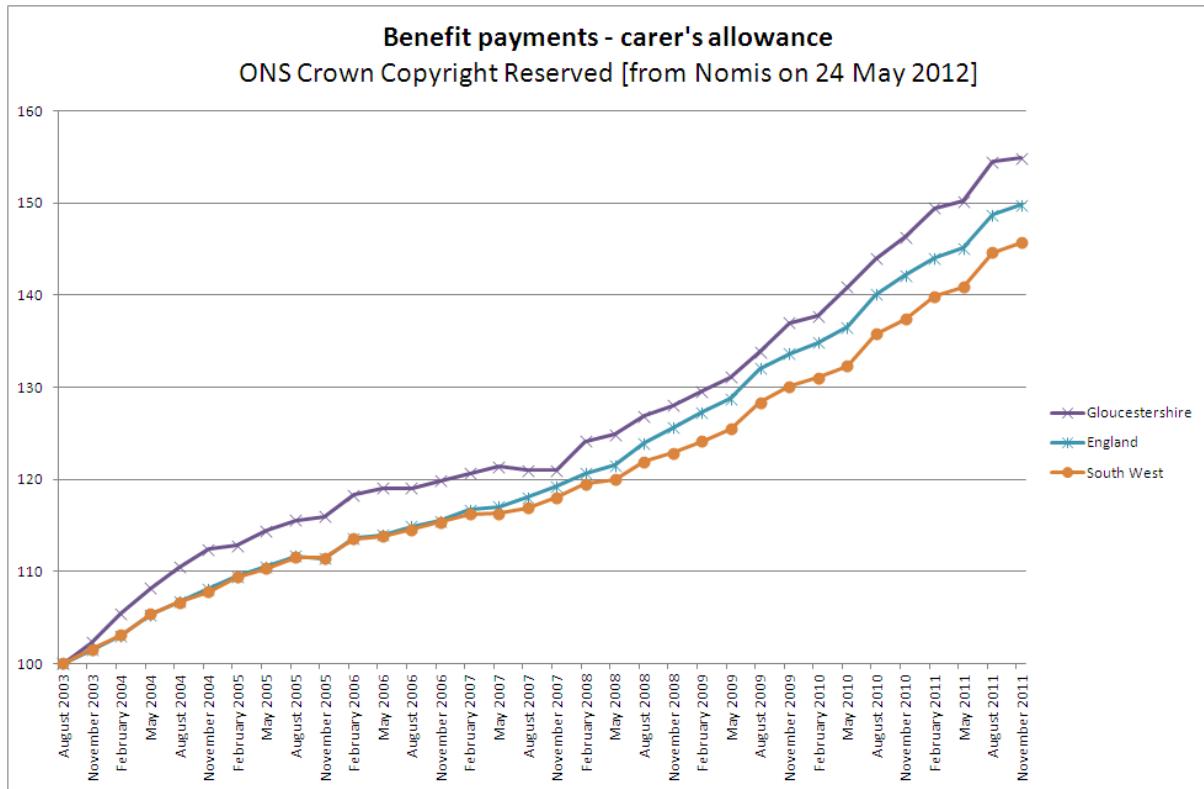
Projections of overall need by super group and service type 2010 – Gloucestershire.

	Local People in Need number	Units needed in this Year	Net Supply	Net Surplus/ Deficit Units
SUPER CLIENT GROUPS (ABS)				
Socially Excluded	1886	1072	999	-73
Domestic Violence	118	42	51	9
Support and Social Care	414	361	459	98
Older People	4671	4681	7315	2634
	7090	6156	8824	2668
SUPER CLIENT GROUPS (NABS)				
Socially Excluded	1580	1044	770	-274
Domestic Violence	102	37	31	-6
Support and Social Care	468	429	227	-202
Older People	5347	5037	864	-4173
	7497	6546	1891	-4655
SUPER CLIENT GROUPS (Community Alarms)				
Socially Excluded	0	0	0	0
Domestic Violence	0	0	0	0
Support and Social Care	236	236	0	-236
Older People	6699	6699	7789	1090
	6935	6935	7789	854
SUPER CLIENT GROUPS (HIA)				
Socially Excluded	0	0	0	0
Domestic Violence	0	0	0	0
Support and Social Care	0	0	0	0
Older People	13538	1880	506	-1374
	13538	1880	506	-1374

(N.B. In the table above a negative number under the surplus/deficit column means there is a net shortage of services and a positive number means there is an over supply).

10.14. There have been significant changes in adult social care in recent times making it difficult to accurately assess future need and demand. There has been a shift from providing help to individuals to stay in institutions away from their homes, to keeping them in their own homes. Telecare and telehealth are emerging technologies that can help keep individuals living independently in their own homes.

10.15. Benefits of new approaches to keeping people with disabilities independent:

- Have the same choices in everyday life as everyone else;

- Being educated in the same schools as their siblings and neighbourhood friends;

- Using the same public transport;

- Having equal access to employment in their local areas;

- Living with their own families.

10.16. Telecare – "Whole System Demonstrator programme" has been one of the most complex and comprehensive studies the Department of Health has ever undertaken, and has yielded a wide range of very rich data. The Whole System Demonstrator programme was set up to show just what telehealth and telecare is capable of. To provide a clear evidence base to support important investment decisions and show how the technology supports people to live independently, take control and be responsible for their own health and care.

10.17. The early headline findings show that if used correctly telehealth can deliver a 15% reduction in A&E visits, a 20% reduction in emergency admissions, a 14% reduction in elective admissions, a 14% reduction in bed days and an 8% reduction in tariff costs. More strikingly they also demonstrate a 45% reduction in mortality rates.

11. Mobility

11.1. With age comes a loss of mobility, leading to isolation of older people can become isolated not only from friends and family, but also from accessing services. A useful indicator of mobility comes from the Census of Population 2001 which tells us whether a pensioner household has access to their own transport or not.

11.2. Lone pensioners living alone without transport account for 60% of all lone pensioners. 15% of pensioners not living alone are without transport.

Pensioner[51] households with or without transport, year 2001 in Gloucestershire[52]

	Number of Pensioner households
Gloucestershire: Living alone with transport	14,296
Gloucestershire: Living alone without transport	21,213
Gloucestershire: Not living alone with transport	21,585
Gloucestershire: Not living alone without transport	3,699

11.3. This clearly shows that a household with a single pensioner living on their own is more likely not to have access to their own transport.

12. Employment

12.1. Employment for adult service users with learning disabilities and mental health problems has been recorded in the national indicators NI 146 and NI 150 since 2008/09. Gloucestershire performance is shown in the following table:

Gloucestershire	2008/09	2009/10	2010/11
NI146 (% of people with Learning Disabilities in employment)	8.1	9.5	7.7
NI150 (% of Adults receiving secondary mental health services in employment)	6.8	8.8	6.9

12.2. For NI 146 in the last two years we have been in the top quartile for our comparator group. For NI 150, though we were top quartile in 2008/09 we are now in the bottom quartile.

12.3. Employment - Employment and Support Allowance (ESA) replaced Incapacity Benefit and Income Support paid on the grounds of incapacity for new claims from October 2008. The following map shows the spread around Gloucestershire of where people are claiming Employment Support Allowance.

---

[51] The term pensioner means people of pensionable age, i.e., 65 and over for males and 60 and over for females.
[52] Table produced on 21/05/12 15:51 from www.poppi.org.uk version 6.0

Employment Support Allowance
November 2011

- 0-5
- 5-10
- 10-20
- 20-30
- 30-100

Strategic Needs Analysis May 2012

© Crown Copyright and database right 2012, Ordnance Survey 100019134.
Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings.
You are not permitted to copy, sub-license, distribute or sell any of this data to third parties in any form

12.4.   The following table shows the Employment and Support Allowance spread over a few months. It clearly shows that the numbers of people claiming this benefit are on the increase. The numbers having doubled for Gloucestershire over the period of 8 months.

District	February 2010	May 2010	August 2010	November 2010	February 2011	May 2011	August 2011	November 2011
Cheltenham	575	725	760	845	870	1,005	1,100	1,280
Cotswold	315	310	380	395	465	490	565	615
Forest of Dean	495	550	555	590	650	690	750	905
Gloucester	880	955	1,095	1,160	1,325	1,330	1,535	1,780
Tewkesbury	350	415	450	475	495	490	555	670
Stroud	580	645	675	735	745	845	1,000	1,100
Gloucestershire	3,195	3,600	3,915	4,200	4,550	4,850	5,505	6,350

Key Points

- Independent living is about people with a disability or limiting long term illness live independently in their own home.

- As the number of older people increases the number of people with a disability or a long term illness will increase.

- The total number of people with poor health is on the increase.

- Due to longer life expectancy for women there are now more older women in poor health.

- There are many conditions that can affect people's daily lives – from Physical, Mental and Learning Disabilities to cancer stroke and chronic ill health.

- There will be an increase in number of people receiving adult care services.

- Improved and earlier identification will have an impact on overall numbers of people with a disability/ Limiting long term illness, especially conditions such as dementia.

- Helping people to help themselves, by supporting carers, or giving support for people with a disability or long term illness will give them greater choice and control over their lives.

Section 8 - Vulnerable children, young people and adults are safe from harm

About this outcome

1. Introduction

1.1.   The Gloucestershire County Council strategy states that: "Protecting vulnerable children, young people and adults is one of our most important areas of work. It accounts for a large proportion of our budget and we know from the 'Let's Talk' conversation that local people support our view that this should be a top priority for the council."

1.2.   There are a number of factors which impact on this area of work, with an increasing demand and number of referrals coming in to children's social care, and a changing population demographic meaning an increase in demand for services for older people.

1.3.   The way that the council looks at social care is changing, with those receiving the care being given more direct control over the money that is spent on them, which in turn will change the demand for services over time, away from more traditional institutions to community based activity.

Childhood

2. Early intervention in life

2.1.   Early intervention means providing support and services to children, young people and families as soon as problems emerge, or when there is a strong possibility that there will be problems in the future. By intervening early, it is hoped that this will prevent problems escalating and for the child to go further down the route into social care.

2.2.   The Common Assessment Framework (CAF) assessment is a key tool in helping to identify the risk factors that could lead to a child or young person becoming vulnerable, so that we can target interventions. A CAF assessment can be undertaken to address lower level needs and hopefully resolve issues within a family before they get any worse.

2.3.   During 2010-11, 48% of new CAF assessments were undertaken for children and young people living in areas in the most deprived quartile in

the county, while 3% were carried out for children and young people living in areas in the least deprived decile in the county.

2.4.   Of the actual numbers of CAFs (year 2010/11 totals), the highest proportion of CAFs (20%) were provided to children living in the Gloucester South locality, followed by Cheltenham (17%) and Stroud (16%). It is worth further investigation to determine whether this reflects levels of need, or is due to different practice in localities.

3. Children in need

3.1.   Children in Need are those children who are unlikely to achieve or maintain a reasonable standard of health and development without the provision of services by a local authority.

3.2.   Of particular importance for children and young people is ensuring that the problems that they face are addressed promptly. It is therefore especially concerning when a child is re-referred to social care. This may be because of new or unpredictable concerns, or it may be because of a recurrence of previous issues. It is crucial that any examples of the latter circumstances are avoided as it implies that the issues have not been dealt with sufficiently the first time to prevent their recurrence.

3.3.   The graph below shows the rates of re-referrals for each of the seven localities. The rates of re-referrals in each of the seven localities is broadly in line with the rates from the previous reporting year, with the exception of Forest locality, where the rate has seen more than a three-fold increase between years (2010/11 to 2011/12). There is also a need to investigate the number of re-referrals in the Gloucester North locality. The Gloucester North rate of re-referrals is the highest of the seven localities, and has risen slightly since last year.

Rate of re-referrals by locality (1st April -31st March)
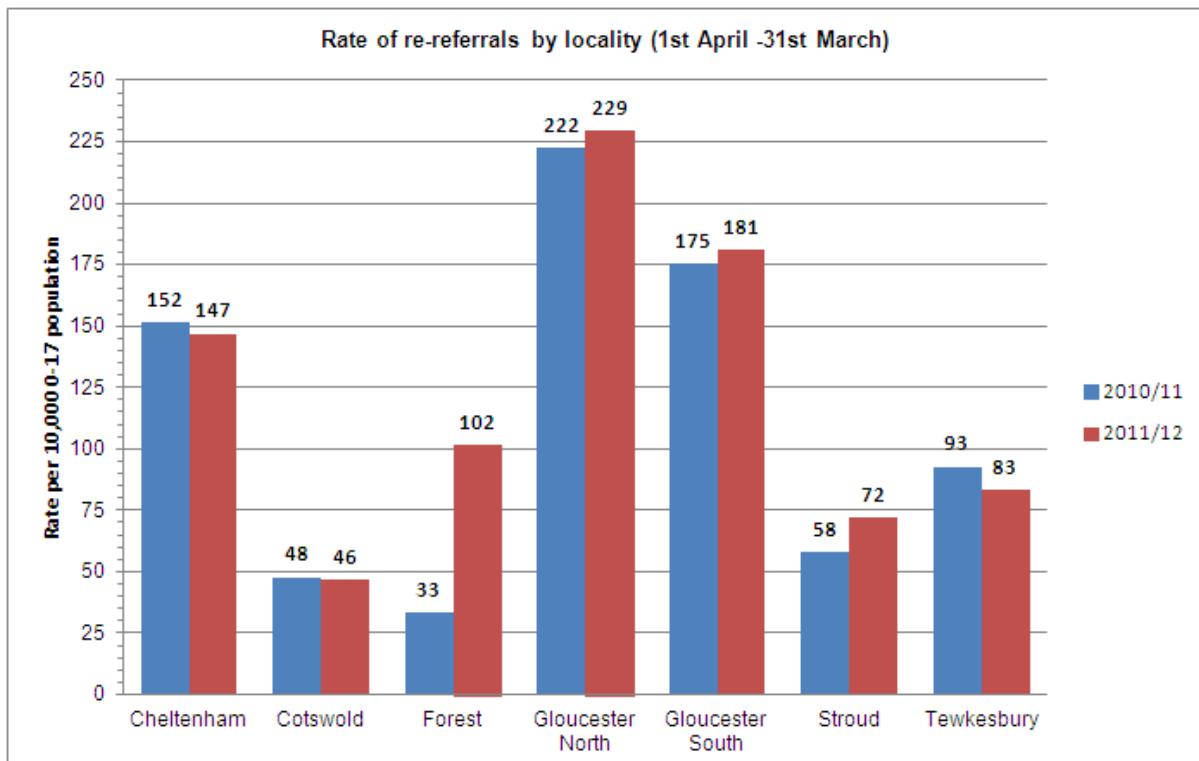
4. Child protection

4.1. Child protection is the process of protecting individual children identified as having suffered, or at risk of, significant harm as a result of abuse or neglect. A child protection plan (CPP) is a detailed inter-agency plan setting out what must be done to protect a child from further harm, to promote the child's health and development and if it is in the best interests of the child, to support the family to promote the child's welfare.

4.2. Of the seven localities, the Forest rate of children the subject of a CPP is the highest, despite a fall in the rate from last year. For every 10,000 children aged 0-17 in the Forest locality, there are currently 49 children who are the subject of a CPP (as at April 2012). There is a need to examine the factors underlying this. Only Stroud and Tewkesbury localities have seen an increase in the rate of children the subject of a CPP. The graph below shows the rates of CYP the subject of a CPP for each of the seven localities.

Rate of Child Protection Plans by locality (at 30th April)
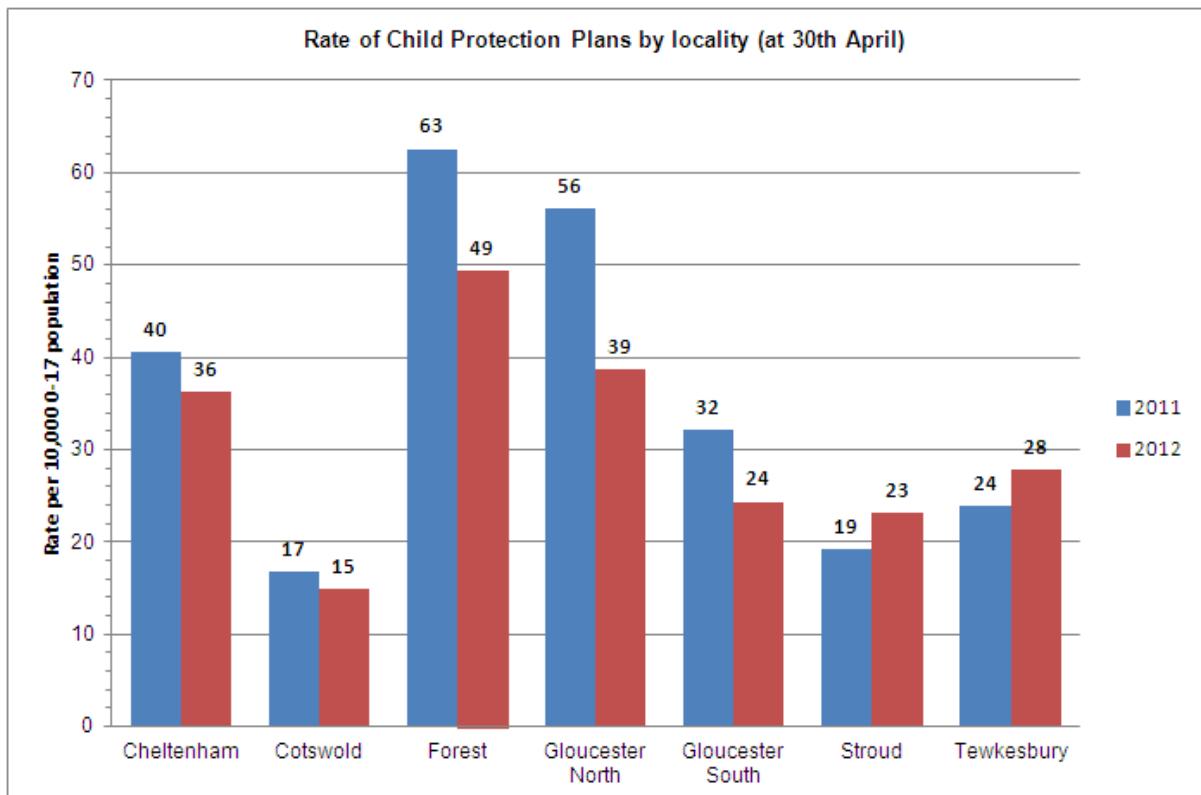
4.3. When looking at the categories of registration as at 31st March 2012, Gloucestershire has more children registered with a category of Emotional abuse (60%) than any other category. The second highest category is Neglect (43%), followed by Physical abuse (18%), and Sexual abuse (8%). Note that children can have more than one category of registration (28% of children have multiple categories of registration). This is a similar pattern to 2011, but is different to 2010, when Neglect was the highest, followed by Emotional abuse.

4.4. It is important that as CYP receive increasing levels of intervention or involvement from social care that there is a plan in place that will move them towards being safe and thrive without the need for social care interventions. One way of evidencing that this is being done is to look at the numbers of children on a CPP for extended periods of time.

4.5. In the recent inspection of safeguarding children's services, the inspectors noted an action to "conduct an intensive and joint review of all cases of children and young people who have been the subject of child protection plans for longer than 18 months". The percentage of child protection plans lasting for two years or more increased in 2010-11. The outturn for the year was 7.1%. The numbers of children involved remain small, and are particularly affected by sibling groups who ceased to be the subject of a plan at the same time.

4.6.   As with re-referrals, it is important for a child that the intervention from social care is 'right first time'. The number of children becoming subject of a plan for a second or subsequent time remains high. For the second year running, the year-end out-turn for this indicator is 16.2% (2010-11). Figures suggest that Stroud locality has the highest number of children subject of a plan for a second or subsequent time. The aim should be to see a reduction in this area.

4.7.   The graph below shows each locality's rates through the different stages of social care identification, and assessment. Most evident is the difference in 'starting' rates of referrals between the seven localities, with the highest rate (Glos N) being nearly 3.5 times that of the lowest rate (Cotswold). However, this trend is mirrored (although less evident) with initial CP conferences, where again the difference between the highest rate (Forest) is just over 3.5 times that of the lowest rate (Cotswold).

Rates of activity by locality 2010/11
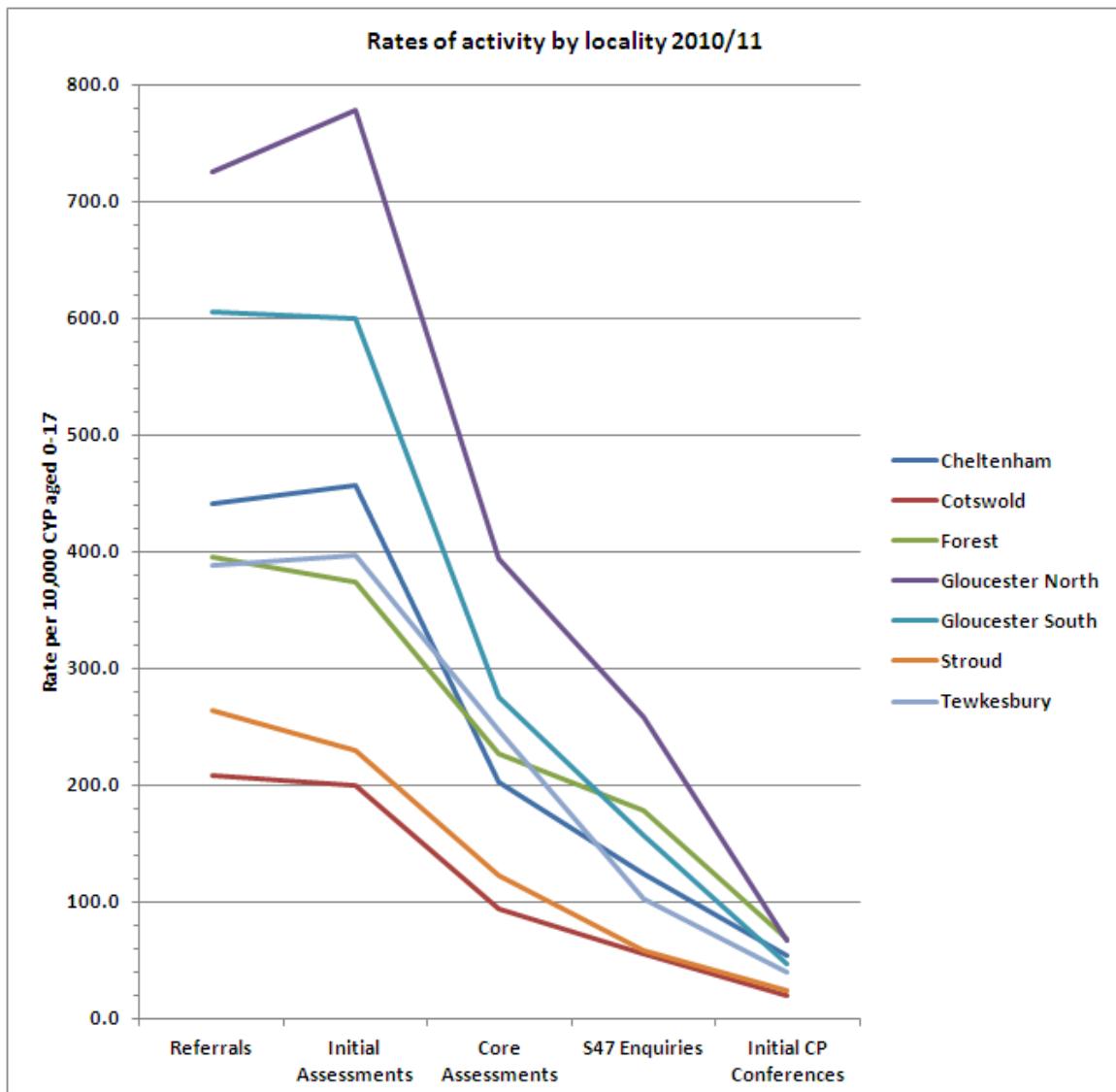
5.   Children looked after

5.1.   The term 'looked after' refers to children who are subject to care orders and those who are voluntarily accommodated. Wherever possible, the local authority will work in partnership with parents. Many children and young people who become looked after retain strong links with their families and many eventually return home.

5.2.   Of the seven localities, Gloucester South has the highest rate of Children Looked After. The overall county rate is 39.7 CLA per 10,000, as at 31st October 2011. The graph below shows the rates for the seven localities for comparison (locality is based on the child's original home address, i.e. the locality from which they came before becoming looked after).

Children Looked After rate per 10,000 as at October 2011

Locality	Rate
Cheltenham	20.1
Cotswold	15.6
Forest	50.3
Gloucester North	50.8
Gloucester South	58.5
Stroud	21.1
Tewkesbury	41.6

Rate per 10,000 CYP aged 0-17
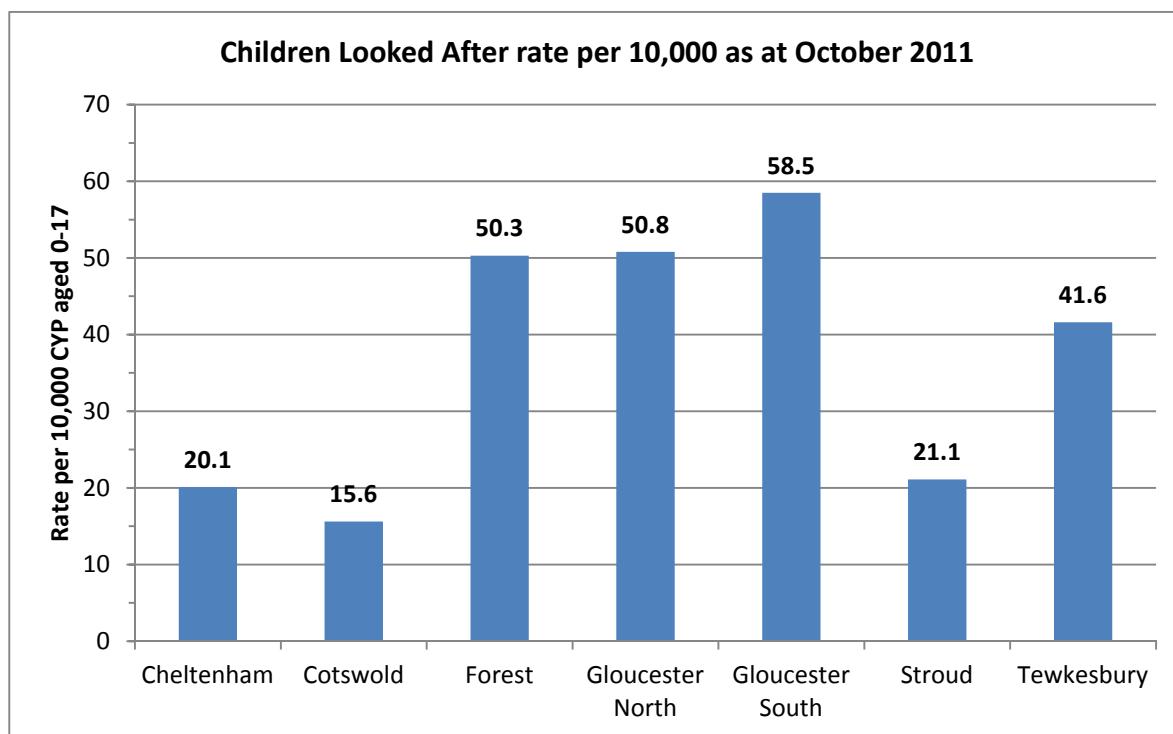
5.3.   Placement stability plays an important part in ensuring a child grows up able to make good relationships with others, and to develop a social identity. The percentage of looked-after children with three or more placements during the year (2010/11) remains high compared to the statistical neighbour and national averages. Although the Gloucestershire's year-end out-turn decreased from 13.4% in 2009/10 to 12.6% in 2010/11, the statistical neighbour and national averages for this indicator for 2009/10 were 10.7% and 10.9% respectively.

6. CYP with disabilities

6.1.   There is a need to further investigate the areas of children and young people with disabilities and their needs in relation to vulnerability and staying safe.

Adulthood

7. Vulnerable adults

7.1.   Adults can be at risk for a variety of reasons such as being elderly and frail, having a learning or physical disability, or having mental health needs including dementia. This section looks at trends in safeguarding alerts and referrals for adults and whether safeguarding activity in Gloucestershire appears to differ from that in similar authorities.

7.2.   It is important to stress that the population of at risk groups has the potential to rise because of factors such as the following:

- Vulnerable adults in residential care - the impact of the ageing population

- Advancements in medical interventions leading to expected growth in the number of people with complex needs

- Potential increases in the rates of referrals as a result of increased awareness and current underreporting

- The future impact of the Government's austerity measures and the potentially negative impact on vulnerable client groups which could increase the number of safeguarding referrals

8. Vulnerable adults in residential care

8.1.   Recent events nationally have raised the profile of the risks to vulnerable adults in residential care. A report by the Equality and Human Rights Commission into home care highlighted examples of treatment that included physical and financial abuse. There have also been concerns about the implications for vulnerable people of the financial difficulties of some care provider companies.

8.2.   A particular concern in the Winterbourne View case was that the victims of the abuse were placed in the care home by an external authority and the host authority, which had a responsibility for their safety, had no knowledge of them. The Gloucestershire Safeguarding Adults Board (GSAB) instituted a review of our own vulnerability to such an occurrence

and acknowledged that there was likely to be a substantial number of vulnerable people in residential care homes we did not know about. The resulting action plan contains an action to map the extent of this gap in our knowledge.

9. Vulnerable adults in the community

9.1.   In 2010/11 the government introduced compulsory reporting of safeguarding activity by local authorities through the Abuse of Vulnerable Adults (AVA) return. There were significant problems with data quality which were noted by the Department of Health. Variation between local authorities in methods of recording and safeguarding processes do not allow for confidence in the reliability of all comparisons.

9.2.   Because of these data quality concerns the following paragraphs only highlight the cases where Gloucestershire is obviously different to the majority of our comparator group. We expect 2011/12 comparisons to be significantly more reliable. Gloucestershire 2011/12 data has just been published and noteworthy trends are also highlighted.

10. Alerts and referrals

10.1.   Our level of alerts at 235 per 100,000 population was broadly in line with similar authorities (median = 255). However, both our referral rate (60 per 100,000 compared to median of 130) and the percentage of alerts that become referrals (26% compared with 46%) were considerably lower than the majority of our comparators.

10.2.   *Age* - Gloucestershire's has a relatively high rate (50%) of alerts for the 18-64 age group compared with a median of 33% for the comparator group.

10.3.   *Ethnicity* - Although numbers are small, at 2.8% we have a higher proportion of BME alerts than the majority of our comparator group (median 1.8%). Similarly, our BME referral rate at 3.3% compares with a median of 2.3% for our comparators.

10.4.   *Source of alerts* – In 2009/10 in Gloucestershire 82% of alerts were by Social Care staff (CASSR & Independent), the highest rate in our comparator group (median 50%) and the second lowest proportion (9%) of alerts by Health staff (median 19%). This high rate of alerts by social care staff has reduced from 82% to 53% in 2011/12, again much more in line with the rest of the country (see tables below).

10.5.   *Referrals by nature of abuse* – In 2010/11 Gloucestershire had the highest
level of referrals (13%) where the nature of the alleged abuse is sexual
(median = 8%). This level has reduced so that in 2011/12 alerts of a
sexual nature were 4.4% for Gloucestershire and referrals close to our
comparator average at 8.2%.

10.6.   *Location of abuse* - We have the second highest proportion of referrals
(50%) where the location of the abuse is not known (median = 3%). In
2011/12 this has reduced to 9.6%. Gloucestershire appears to have a
lower rate of referrals (27.3%) than the average for our comparators where
the alleged abuse took place in the vulnerable adult's own home and a
higher rate (40.1%) in permanent residential and nursing care. Release of
2011/12 data for all authorities in July 2012 will provide greater confidence
in the extent of any real difference in Gloucestershire.

10.7.   *Service type* - We have a lower than average proportion of referrals where
the alleged victim of abuse was receiving a Gloucestershire County
Council commissioned service (46%) with a median level of 58%.

10.8.   *Relationship of alleged perpetrator* - Gloucestershire was notable for
having two thirds of alleged perpetrators recorded as unknown compared
with a median of 5% for similar councils. In 2011/12 this has worsened to
79.3%.

10.9.   *Completed referrals: outcome of referral* - Final outcomes of referrals are
recorded in the following graph.
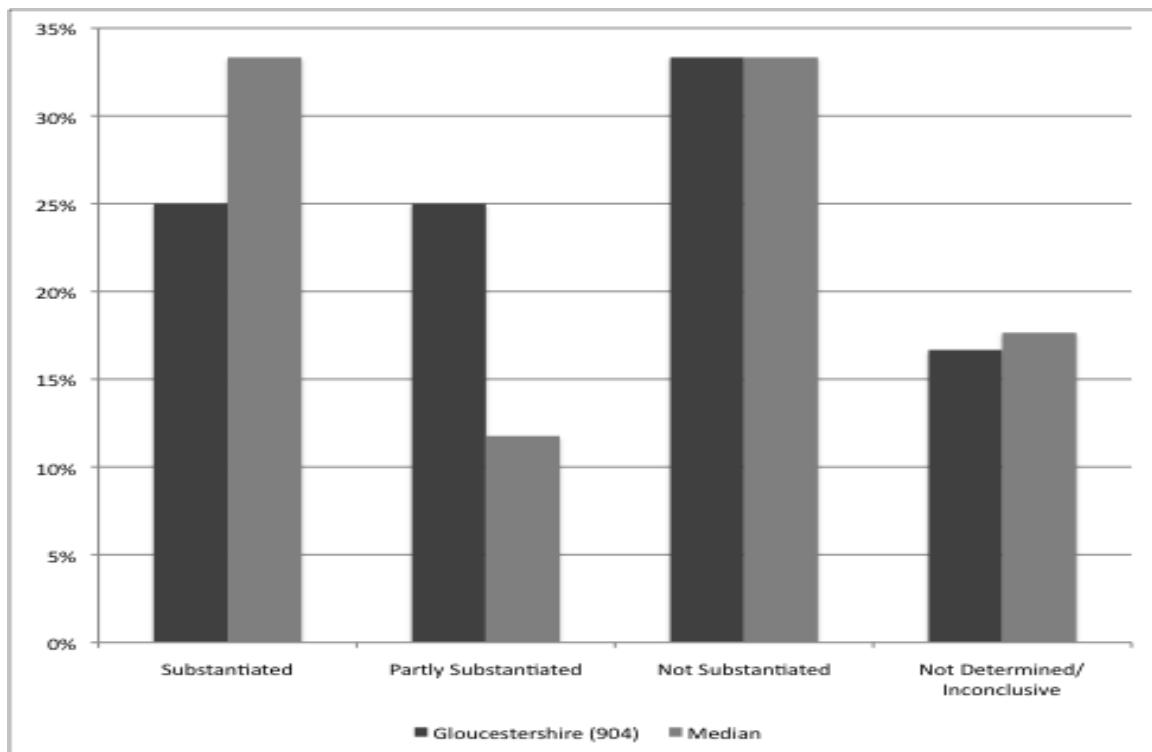
10.10. *Outcome of completed referral for perpetrator* - Gloucestershire had the highest proportion of completed referrals where the outcome for the perpetrator was 'Exonerated'. (33% compared to median of 0%) and lowest where outcome was 'No Further Action' (17% compared with median 35%).

10.11. A more detailed breakdown of key trends form 2010/11 to 2011/12 follows. Here are the key tables for alerts and referrals:

	Primary client group:	Alerts			Referrals		
		Female	Male	Total	Female	Male	Total
18-64	**2010-11**	229	273	502	66	72	138
	2011-12	327	294	621	88	108	196
	% change	43%	8%	24%	33%	50%	42%
65-74	**2010-11**	57	43	100	17	6	23
	2011-12	71	74	145	20	24	44
	% change	25%	72%	45%	18%	300%	91%
75-84	**2010-11**	144	99	243	39	23	62
	2011-12	133	90	223	53	29	82
	% change	-8%	-9%	-8%	36%	26%	32%
85+	**2010-11**	189	53	242	52	16	68
	2011-12	215	71	286	85	29	114
	% change	14%	34%	18%	63%	81%	68%
All 18+ (including unknowns)	**2010-11**	623	471	1094	174	117	291
	2011-12	749	533	1282	246	193	439
	% change	20%	13%	17%	41%	65%	51%
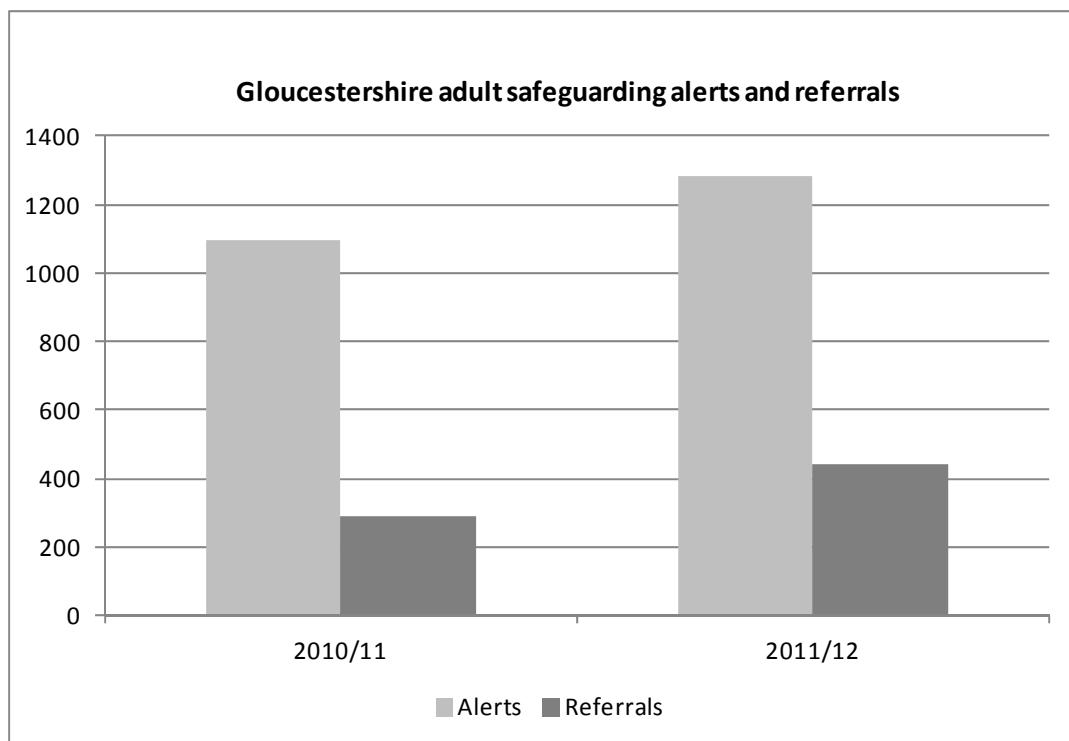
10.12. In 2011/12 alerts have risen by 17%. In contrast the level of referrals has increased by over 50%.The proportion of alerts that become referrals has increased to 34.2% (see table and graph above). The overall effect of these trends is for Gloucestershire performance to be much more in line with our comparators, assuming their performance has not changed radically in 2011/12.

10.13. Particularly noteworthy is the rise in the alert and referral rates for people with mental health problems. Also interesting is the fact that the alert rate for females with learning disabilities has risen much faster than that for males although the referral rate rose more for males than females.

	Primary client group:	Alerts			Referrals		
		Female	Male	Total	Female	Male	Total
People with physical disability 18-64	**2010-11**	40	50	90	8	10	18
	2011-12	36	27	63	5	11	16
	% change	-10%	-46%	-30%	-38%	10%	-11%
People with learning disability 18-64	**2010-11**	122	152	274	48	56	104
	2011-12	172	178	350	53	70	123
	% change	41%	17%	28%	10%	25%	18%
People with mental health problems 18-54	**2010-11**	40	44	84	7	4	11
	2011-12	100	70	170	25	21	46
	% change	150%	59%	102%	257%	425%	318%
People aged 65+	**2010-11**	390	195	585	108	45	153
	2011-12	419	235	654	158	82	240
	% change	7%	21%	12%	46%	82%	57%

10.14. There are major gaps in our understanding of the needs, and the extent to which we meet them, of adults who experience Gloucestershire's safeguarding processes. These arise from our lack of systematic feedback from these people. GSAB work is in progress to develop ways of capturing such feedback.

Key Points

- Early intervention can help to prevent problems escalating. More CAF assessments are undertaken in areas of greater deprivation.

- Forest Locality has seen a three-fold increase in re-referrals since the last reporting year, and Gloucester North has the highest rate of re-referrals of the seven localities, the causes of which both warrant further investigation.

- Of the seven localities, the Forest rate of children the subject of a CPP is the highest. Five of the seven localities saw a reduction in the rates of children the subject of a CPP, with Stroud and Tewkesbury showing a slight increase.

- When looking at the categories of registration as at 31st March 2012, Gloucestershire has more children registered with a category of Emotional abuse, followed by Neglect, Physical abuse, and Sexual abuse.

- The percentage of child protection plans lasting for two years or more increased in 2010-11, although the numbers of children involved remain small.

- The number of children becoming subject of a CP plan for a subsequent time remains high, with no change from the proportion for last year. Figures suggest that Stroud locality has the highest number of children subject of a plan for a second or subsequent time.

- Of the seven localities, Gloucester South has the highest rate of Children Looked After.

- The percentage of looked-after children with three or more placements during the year (2010/11) remains high compared to the statistical neighbour and national averages.

- Although there were data quality concerns, the first Abuse of Vulnerable Adults return in 2010/11showed Gloucestershire to be an outlier compared with comparator authorities in a number of areas.

- Preliminary analysis of Gloucestershire's 2011/12 return shows that Gloucestershire has on the whole shown our performance to be much more comparable to our nearest neighbour authorities. This still has to be tested against other authorities' 2011/12 returns later this year.

- Demographic trends show that 'at risk' groups are set to grow and potentially the demand for safeguarding services.

- There are significant gaps in our knowledge about vulnerable people placed in the county by other authorities and the experiences of people who are involved in our safeguarding processes.